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ABSTRACT

A survey was conducted of Virginia public school programs during 1970-71 for children with either learning disabilities (LD) or emotional disturbances (ED). Six survey questions covered demographic information, nature of children served, actual function of teachers' roles, referral and placement procedures, and administrative planning and operation of programs. Responses were received from 70% of identified LD teachers, 53% of identified persons in ED services, 61% of principals in LD, and 50% of principals in ED. It was found that of the Commonwealth's 134 school divisions, nine have LD programs and 13 have ED programs. It was also found that divisions offering services to both LD and ED children were not similar in local financial support, size, or geography. Twenty-four tables and graphs presented data indicating on the whole, little evidence of state recruitment and training of qualified personnel, no systematic means of identifying LDs and EDs, teacher roles more restricted than state definitions, no systematic referral and placement procedures, and little administrative planning and program operation in the special education field under survey. (CB)

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Emotionally Disturbed

A Survey of Learning Disabilities
Public School Program in Virginia
Comparison of Program for Emotionally Disturbed

1970 - 71

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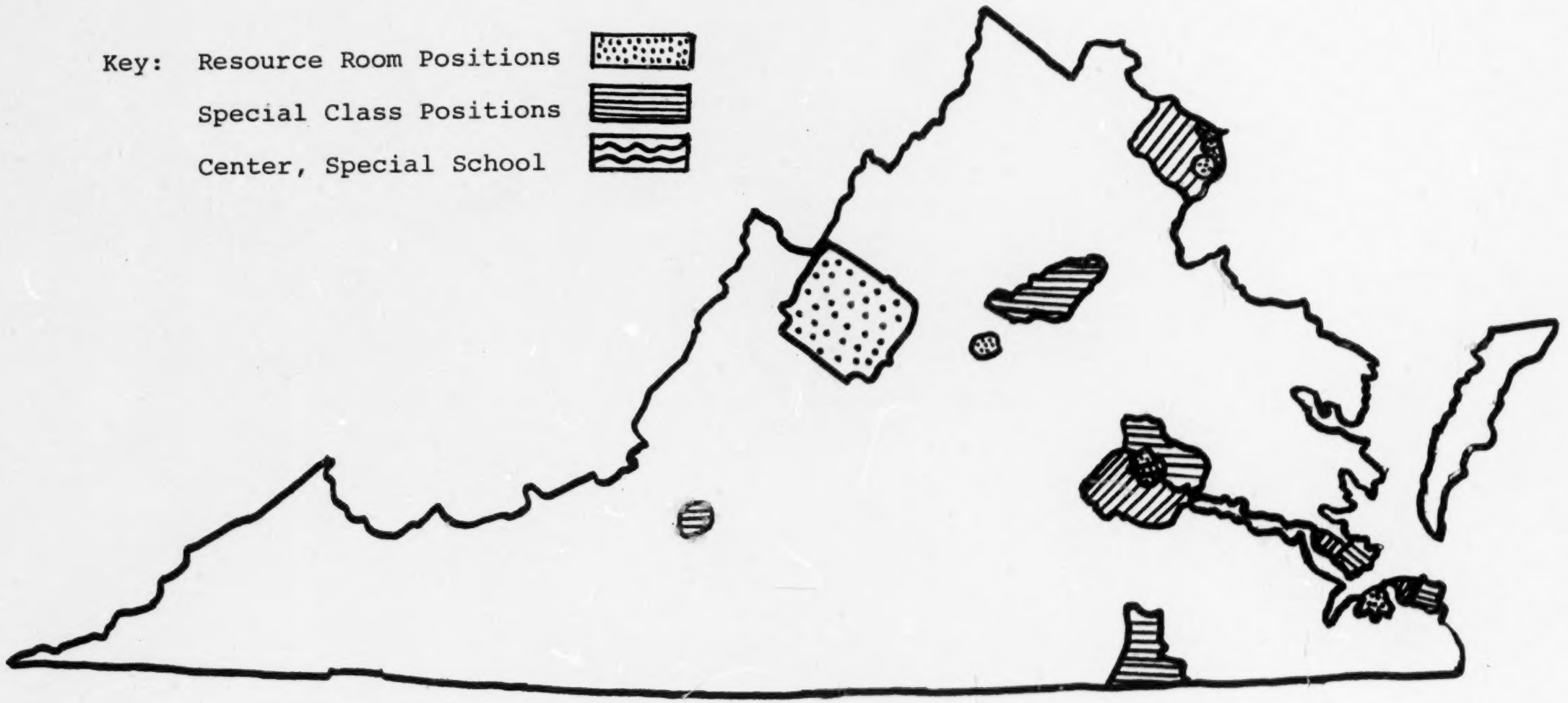
DISTRIBUTION OF PROGRAMS FOR EMOTIONALLY DISTURBED
IN VIRGINIA'S PUBLIC SCHOOLS
1970-71

Key: Resource Room Positions

Special Class Positions

Center, Special School

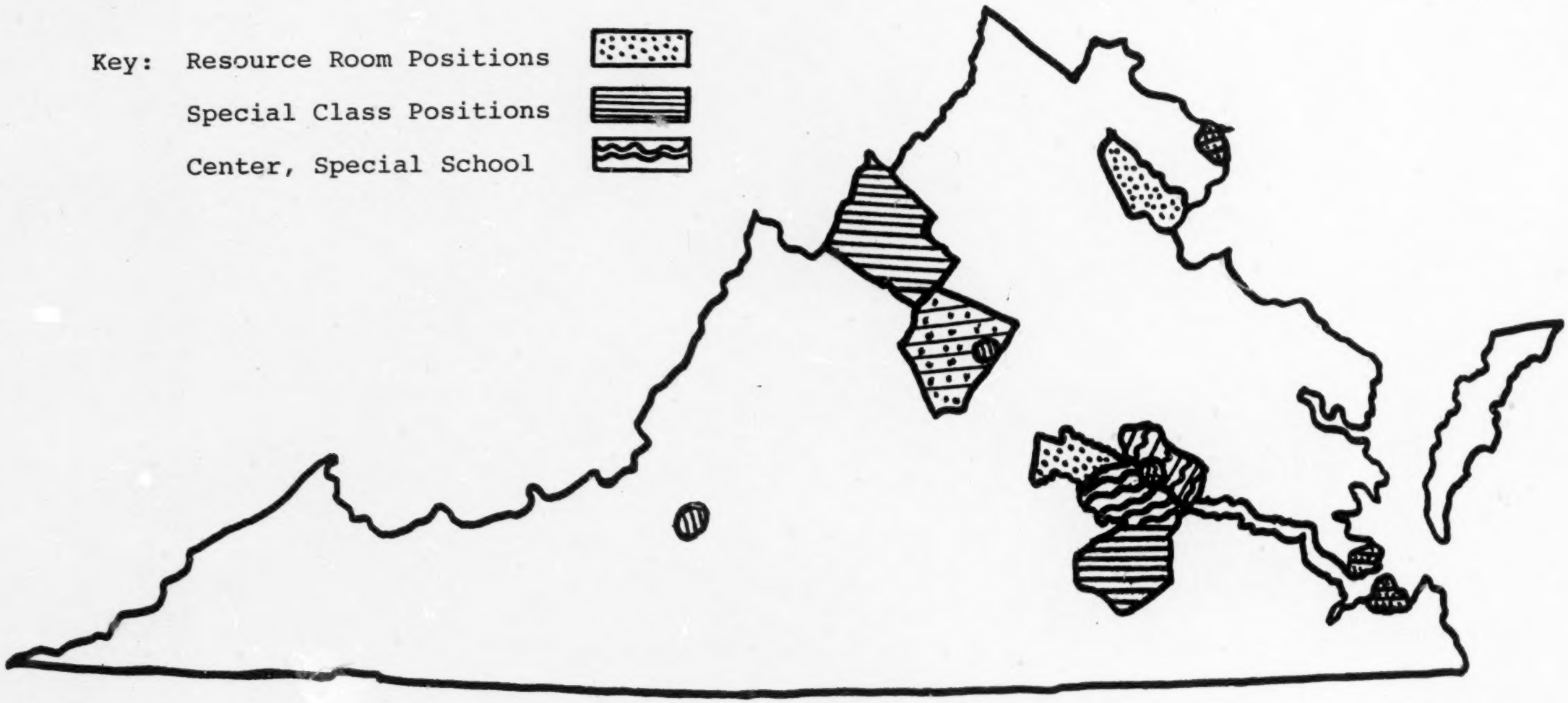


DISTRIBUTION OF LEARNING DISABILITIES PROGRAMS
IN VIRGINIA'S PUBLIC SCHOOLS
1970-71

Key: Resource Room Positions

Special Class Positions

Center, Special School



LEARNING DISABILITIES PUBLIC SCHOOL SERVICES IN VIRGINIA: A COMPARISON WITH PROGRAMS FOR THE EMOTIONALLY DISTURBED

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State Department of Education, Virginia

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Special appreciation is made to the many participating professionals who gave time and, often, much thought to completion and return of the 145 questionnaires upon which the present report is based. Recognition is made especially in light of the timing of the survey and the short duration under which it had to be conducted.

Recognition of the support provided by both the School of Education, University of Virginia, and the Special Education Service, State Department of Education, is expressed with the knowledge that the study would not have been possible without extra efforts of several concerned persons.

Finally, a thank you is made to Mrs. Wanda Evans, Department Secretary, who found time to tackle project overflow with her usual industry and efficiency, and to the part-time personnel (both salaried and volunteer) whose patience and efforts were most notable and gratefully received.

PARTICIPATING SCHOOL DIVISIONS

The following school divisions are represented in the report by Central Administration and varying numbers of principals and teachers.

LD (11)	ED (14)
Albemarle County	Arlington County
Arlington County	Augusta County
Dinwiddie County	Chesterfield County
Fairfax County*	Fairfax County
Henrico County	Greensville County
Powhattan County	Henrico County
Prince William County	Loudoun County*
Charlottesville	Orange County
Hampton City	Charlottesville
Richmond	Falls Church
Roanoke	Hampton City
	Richmond
	Roanoke
	Virginia Beach

Principals and teachers from other school divisions also participated.

LD	ED
Chesterfield County	Newport News**
Portsmouth	Portsmouth

Two School divisions having programs are not represented in the report.

LD	ED
Rockingham County	Norfolk

*Not included in data analysis because the program was aborted or discontinued after planning. The information on planning is included appropriately.

**Division responses received too late for full use of information in data analysis.

Preface

Under the impetus of increasing federal and state funds, programs in special education have been expanding during the past decade. Concurrently, interested professionals have questioned the value of such programs for the individual children enrolled. These conflicting pressures have moved special education into an age of accountability. Evaluation has become more than the reporting of the numbers of handicapped children served; it has become a study of a child's progress toward individually established behavioral goals.

The reported questionnaire study was conducted under adverse conditions. While the original schedule was tight, unforeseen delays shortened even more the time available. As a result, a few participants, identified late, were asked to complete questionnaires late in May.

However, Learning Disabilities development in Virginia has been experimentally approached and a great interest exists in the results of program initiation. Consequently, the cooperating agencies, when provided the opportunity, chose to undertake the present initial investigation even though it was late in both the academic and fiscal years.

It is noteworthy that the highest percentage of response, excepting Division Superintendents, was from Learning Disabilities teachers. Often during the days of the survey their humanness provided a refreshing touch. Many who participated wrote extensive comments, far more than necessary to complete the questionnaires, Several added personal notes or comments of appreciation that an attempt was being made to gather information to share. Others apologized for delay or sought replacements for misplaced questionnaires. One letter read: "I hope you have received forms from other teachers so that you are aware of the tragic inadequacies of special education in our area."

A teacher who had been mis-identified as serving in an LD program wrote to tell who the teachers were. Two of the names thus provided did in fact participate but have not otherwise been named by the State or by the school division.

There were several amusing and amused comments about the tea bags: Mrs. Betty Merritt of Roanoke wrote

"One bag of tea not enough for me,
Next time please, a case for me."

In consequence, those remaining from the study were forwarded with a thank you. Miss Judith Barnes of Charlottesville sent the survey team a packet of vegetable soup mix, cautioning "Tea will not be enough to sort out all of this information"!

The report does not contain all of the reported information and shows only the beginning of a discussion on the implications of the data. Designed originally as data collection for research planning, the survey will have been fully worthwhile only if it does so serve.

Chapter 1

INTRODUCTION

Children with Learning Disabilities is a relatively new term in education nationally as well as in Virginia. Probably the earliest statewide program was initiated in 1963 by California (Mahler).

In Virginia, state reimbursement for special programs for children with learning disabilities was made effective for the 1970-71 school year by action of the State Board of Education in January, 1970.

However, these special programs grew from earlier State activity, and they should be appreciated against those events.

In 1964, official recognition of the confusion presented by the existing Special Education reimbursement programs was made in "The Perceptually Handicapped Child." The pamphlet was prepared by the Special Education Service to outline the characteristics of the "Strauss Syndrome" or "Brain-injured Child" and the structured educational approach recommended to meet the needs of those children. The text is a rebuttal to a recognized practice of placing those children into classes designed for the educable mentally retarded. Its expressed purpose was to point out the "injustice and futility of such placements," recognizing, however, that there was "no other place."

Following that publication programs were sometimes initiated by school divisions under the State provisions for "Crippling Conditions." The designation was "Neurologically Impaired."

In 1965 federal support on an experimental basis to train teachers in Learning Disabilities was initiated. These funds were similarly carved from those assigned "Crippled and Other Health Impaired." The University of Virginia was one of the first institutions of higher education to participate (Kass, 1969).

These events were contiguous with a growing public awareness and increased professional concern. "Neurologically Impaired" and "self-contained class" were concepts too narrow to encompass the range of needs among children with learning disabilities. In 1968 the Virginia Association for Children With Learning Disabilities and the Capitol Area Association of The Orton Society were formed.

In January, 1969, at the request of Dr. Woodrow Wilkerson, Superintendent of Public Instruction, a committee was convened to study the problem of educational needs of children with learning disabilities, including dyslexia. That committee, interdisciplinary in form, met during the year with members of the State Department of Education. In the fall of 1969 a report submitted to Dr. Wilkerson attempted to substantiate the issues and offer recommendations for comprehensive planning and action across education.

The Committee on Learning Disabilities, 1969
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Parts of the report of that committee are reproduced here for clarity.

The Problem and Issues

"Children With Learning Disabilities" is a new educational designation in public education, although the children, variously described, have been present through history. As a special need group its characteristics differ, however, in two ways from earlier accepted exceptionalities:

1. There is no one standardized measure by which the child can be labeled, nor is there a single administrative arrangement or specific treatment to be employed, at this time;

2. The children's handicaps are in learning processes and are revealed primarily in the skills taught in schools. While Education is the discipline and institution primarily responsible for instruction, learning is no single profession's domain.

These issues are not unique to children with learning disabilities. For example, the term "mental retardation connotes educational need much broader than that to be inferred from an intelligence test score; certain children who are legally blind require little special education service. When education has allowed guidelines for grouping to hinge upon the knowledge of some other discipline, ease of individualization of instruction has not always been the result. Instead, children have been denied services they need and included into services they did not require.

Education has always been committed to public service and necessarily so. As a consequence, however, it has frequently depended upon other prefessions and on parents themselves to arouse the public support needed for special services which suggest increased financial need. Education in the United States is also group oriented, not only for financial reasons, but to provide instruction in social and philosophic principles in a psychologically appropriate milieu. That frame of reference, when applied to children with exceptional needs, has tended to suggest homogeniety of each approved category.

The formula

Name a Group ⟶ Community Acceptance ⟶
Educationally Exceptional Category ⟶ Special Program

has usually been applied. In effect, the formula creates a sub-system within education each time it is used. Once a State recognizes the category, each teacher develops an alertness to the children described. When one is recognized, the teacher initiates transfer to the more appropriate program. Should actual transfer be delayed, psychological transfer frequently fills the void, and for the duration no one feels responsibility for the child's instruction. An unfortunate result is that the transfer to special instructional programs is understood to be permanent.

"Children with Learning Disabilities" epitomize extreme need for highly individualized special programs and a range of services to allow that individualization be as "special" as it must, yet no more "special" than each child requires. The child is the responsibility of Education not of a single sub-system within Education. Programs, to be effective, must be dually accepted by elementary and special education or secondary and/or vocational and special education. The ratio of responsibility should be individually determined upon identification and phased away from special education as the child progresses.

Summary of Committee Report

Every effort made to advance public education in Virginia is important to the appropriate education of children with Learning Disabilities. While these children's educatonal problems are devastating to them and to their families, the problems are relatively invisible compared with the more obvious handicaps of mentality, vision, hearing, and primary emotional disturbance. Consequently, continued improvement of services to those children is essential to the efforts made on behalf of children with learning disabilities.

The increases of local district specialists in social work (Visiting Teachers), school psychology, and elementary supervision are also essential. And the movement toward lower teacher-pupil ratios and Statewide kindergartens are prime requisites.

However, even with all of these services at a projected zenith there are at least three in every one hundred school children who will not learn any lesson well except failure until individually designed curricula are available. Unfortunately, there are personnel needs in every discipline with a contribution to make, an extreme shortage of trained teachers, and a fundamental ignorance of the problem among many already trained professionals. Yet waiting will not help because not only will failures continue but families will be enticed by untried methods, expensive panaceae, or even quackery. Examples of all these haunt education and medicine.

Recommendations of the LD Committee

1. It is recommended that the State Department of Education continue the leadership role in the establishment of comprehensive services to children with learning disabilities, taking necessary action for legislative change where indicated. That leadership should first be expressed in a three or five year plan of action so the people of Virginia will know that only dearth of personnel limits extention of quality programs. The plan should show utilization of federal as well as State monies.

2. It is imperative that an adequately trained and experienced person be employed with all due haste in the Division of Elementary and Special Education to assist in development, in-service education, and coordination of efforts within the State Department of Education and across other state agencies and lay organizations.

3. It is strongly recommended that the concept of reimbursement be extended to include the resource or itinerant teacher of children with learning disabilities who is qualified and experienced. Further, these positions should receive priority encouragement, as the role of these teachers serves as educational readiness to other school employees, as well as providing selected direct services to children.

4. It is recommended that State reimbursement be extended to the teacher aide for programs for children with Learning Disabilities.

5. At least an introductory course or institute on the characteristics and educational needs of children who have handicaps should be required within a reasonable time of all present personnel, and every effort should be made to make a same requirement for teacher and administrator certification. An initial step would be reimbursement by the Division of Teacher Education of regular class teachers for enrollment in selected special education courses.

6. It is recommended that the State lower the A.D.A. child unit from 30 to 25, at least for primary grades.

7. It is further recommended that evaluation centers be developed on a regional basis to serve as consultants to district programs and as research gathering centers. The child himself will then help plan the future development of services that meet his complex educational needs.

8. It is recommended that teacher certification for this specialty field be established by approval of training program by the council on higher education with consultation from State Department of Education.

9. It is recommended that these children be made eligible for tuition grant programs, but that a private school shall be certified before a family may elect it. Consequently, the State Department of Education should develop program certification guidelines.

10. It is recommended that reimbursement to local district programs for these children be allowed in accord with guidelines to be developed in sufficient detail to assure quality rather than multiplicity only of educational programs. Such guidelines should stipulate certain minimal requirements prior to approval of program for reimbursement. The following are suggested:

    a. Adequate services of those specialists necessary to support the additional program, as school psychology, visiting teachers, reading and speech teachers.

b. Adequate part-time assistance from other diagnostic and therapy disciplines of community agencies.

c. The employment of a qualified teacher.

d. Maintenance of adequate records for evaluation of child progress and to substantiate continued special program inclusion.

e. Minimal diagnostic procedures and additional clinical services where indicated; further, semi-annual re-evaluation.

11. Considering the dearth of qualified diagnostic personnel in several of the disciplines considered important to programs for children with learning disabilities, it is suggested that reimbursement be made possible to local school divisions for continuing consultation from such specialists as neurologists, language pathologists, or others. In this way, persons from private practice or other agency employment could observe in the programs and offer their expertise to the teacher or to case conferences. From these contacts, the specialist could identify specific children his discipline should see clinically.

12. It is recommended that early efforts be aimed at the young child, K through 3rd or 4th grade, because of the time necessary to build total services. At present, those teachers might partially assist older children through consultation to teachers; further, vocational education's "special needs" programs can assist.

13. It is also recommended that definitive pre-school programs be developed by the State Department of Education in conjunction with other state agencies and federal projects.

Chapter 2

THE SURVEY PLAN

Background of the Prcblem

Historically, each state sets minimum standards through guidelines for educational programs in local school divisions within its jurisdiction. In some cases, sections of the guidelines or types of programs are mandated in law. In every case, however, the state provides a framework in which public school programs shall be operated and, while a local division is allowed to increase the requirements it establishes for special programs, the minimal requirements suggested by the state are expected to be met.

A second historic fact is the diversity of local ability to provide and support services from a financial and a geographic reference base. Certain systems are significantly more able to provide "modern" (that is services which are in line with current educational thinking) and others evidence the much-stated "educational gap".

Since the advent of federal funds to stimulate programs for handicapped children, evaluation and methods of program improvement have become a focal responsibility. There have been increasing efforts on the part of state departments of education to bridge the gap between deficient, "traditional", and most recent program development in accord with research.

In 1970, Virginia's program administration guidelines for Special Education were revised and republished. Specific sections were added for program evaluation and improvement with strong recommendations to local school divisions to participate.

In addition, a new section delineated guidelines for newly reimbursable programs in Learning Disabilities as approved by the State Board of Education in January, 1970. They offer broad flexibility to local school divisions for the use of teaching personnel and, for the

first time, allow reimbursement on the employment of credentialed personnel rather than on handicapped child counts.

Those guidelines also outlined the learning disabilities program in terms of the services to be provided by the personnel employed in either Resource Teacher or Classroom Teacher roles. To receive reimbursement local divisions are required to submit plans for personnel useage to the State Department along with assurances about availability of other specialized personnel (including school psychologists, remedial reading teachers, etc.), adequacy of diagnostic procedures, and assurance of semi-annual re-evaluation of children assigned to special services. Further, child records are to be available for State Department study of the learning disabilities programs for a trial period of at least two years.

Across the country there are contradictory theories and reports of program progress, child selection, characteristics, and methodology. Rogan and Lukens report, for instance, that titles of programs and classes for "children with learning disabilities" vary considerably, including such labels as "Learning Adjustment Class," "Maladjusted," "Brain-injured," and "Itinerant Program" (p. 22). Further they report that 16% of 637 teachers in above programs maintain a "permissive atmosphere" in counter-distinction from a majority report (71%) of "structured" or "highly-structured" approach (U.S. Dept. of H.E.W. 1969, p. 23).

The Code of Virginia (Title 22, Sections 22-9.1 to 22-9.2:1) permits, but does not require the State Board of Education "to prepare and place in operation a program of special education." Practically, this means that a local school division determines its needs for special education and establishes its priorities. Should a division choose to serve learning disabled or emotionally disturbed children and request State funds to support those programs, then the services are expected to be developed in accord with the standards of the State guidelines.

The school year 1970-71 was the first in which State support of Learning Disabilities programs was

made available in Virginia. The administrative plans are permissive and were developed against the existing guidelines for services to the mentally retarded, the physically handicapped, the emotionally distrubed, and others. The single mandated special education program in the Commonwealth is that for the hearing impaired from the age of two to 21 (Code of Virginia, Title 22, Sections 22-9.1:1-4).

There is both need and commitment for Virginia to study the effects of its guidelines for learning disabilities program development and operation. Descriptive and evaluative data in the form of "best evidence" as advocated by Good (1966) is necessary if programs for handicapped children are to have a reasonable basis for improvement, expansion, and additional budget support.

Further, it appears desireable to consider simultaneously those services provided for the emotionally disturbed. Nationally, these are similar and, sometimes, merged (Mahler, 1967; Bower and Mesinger, 1968).

Survey of the Literature

Methods of Inquiry

National surveys of public school classes for emotionally disturbed children have been conducted by Morse, Cutler & Fink (1964) and by Hirshoren, Schultz, Manton & Henderson (1970). The first included both a questionnaire phase which surveyed all available teachers and a visitation phase which included site visits to selected schools to determine type and quality of educational programs for emotionally disturbed children. The survey by Hirshoren and others also centered on an original questionnaire. That team surveyed the 50 State Departments of Education.

McDuffie (1969) listed variables ranked by a panel of specialists as "most significant," in importance in evaluating programs of education for the educable mentally retarded. Listed in order of importance these are (a) teacher selection and training, (b) student selection and placement procedures, (c) the curriculum, (d) administrative responsibility, and, (e) a statement of philosophy and objectives.

Bullock & Whelan in 1971 published a replication of the Mackie, Kvaraceus & Williams study (1957). Using the original checklist of 88 items they asked 47 ED teachers to rank order the items according to (a) his own competency on each item, and (b) its importance to his position. Respondents saw themselves as more proficient than the original respondents but viewed the items as less important.

Other methods of inquiry have focussed on local or specific program evaluations, including experimental studies. Identification of children for special intervention has also been thoroughly researched. One vital area for inquiry has been the effectiveness of various placements for LD or ED children by a combination of above methods of inquiry.

Program Evaluation

Reynolds (1966) stated that because special education is heavily based in theory, it is affected by research-oriented programs and materials. Problems in measurement and testing compound the difficulty of program evaluation.

Greiner (1966) stated that some programs fail because little or no provision is made to build coordinating, ongoing relationships with the children and the services in the program. For example, some programs fail to support the child after discharge or to assume responsibility for maintaining contact with referral sources and/or outside agencies. Upon evaluation the program is found to have cut itself adrift from the mainstream of education.

DeBruler (1966) appraised a program of instruction for children who, in spite of average or above reasoning ability, were retarded in reading. Included were children who frustrated easily when trying to read. Although the children received special instruction in reading, no positive gains were conclusively recorded.

Klein (1967) compared six approaches to teaching the child with behavioral disorders. The programs included placement of children in (a) residential school,

(b) day school, (c) special class, (d) group program with tutoring, (e) supportive teacher help with regular class placement, and (f) regular class placement with recreational therapy. The procedure for placement was to identify and evaluate the child including his behavior. School philosophy, location, and physical plant were described as well.

Serio & Todd (1968) described the operation of programs in Ohio. The target of Ohio programs is the primary age child of average or better IQ who has learning or behavior difficulties related to a neurological handicap. The goal of Ohio programs for the child is a successful return to the regular classroom. Evaluation data up to 1968 indicated that 75% of the LD children are being returned to the regular classroom in three to four years.

McCarthy, Petersen, Commer & Johnston (1968) evaluated a program in which children were identified during kindergarten as poor educational risks, and an experimental group of such children were placed into a "developmental" first grade. Curriculum included special perceptual and language instruction methods and materials. Children were either placed in a regular class (either first or second grade) the next year or assigned to a special class.

Heckerl & Webb (1969) evaluated an educational approach to the treatment of LD children. Of 883 children referred by teachers, 4% were eliminated from the study while the rest were tested and given a year of special instruction. Significant gains on oral reading, word recognition, and spelling ($p < .01$) were made by the experimental group over a control group who had had no special instruction.

Common Characteristics: Children in LD or ED Programs

Adelman (1970) stated that a child's progress in school is a function of the interaction of his strengths and limitations with the specific situation factors he encounters in a classroom, including individual differences among teachers. He infers about children labeled LD, ED, and educationally handicapped, that each group is made up of children who suffer from one of three types of learning problems:

1. The child has no disorder, but the failure results primarily from a deficient learning environment.
2. The child has minor disorders, resulting from both the child deficiencies and that of the learning environment.
3. The child has a major disorder resulting primarily from the child's deficiencies.

The weak school system, Adelman states, has children of all three types of disabilities, while the outstanding system will have a similar percentage of type three children only. Thus, a label embraces a heterogeneous collection of children; remediation must be a matter of interaction between school and child improvement.

School division publications may support Adelman's theories. In California both types of handicaps are included in the program for Educationally Handicapped (Mahler). Others do not support the theory. Hardesty (1966) described an emerging program of the Warwick, Rhode Island, public schools in which distinctly different approaches are offered for the Learning Disabled (Neurologically Handicapped) and the Emotionally Disturbed. While parental support, interrelatedness of the special services with other school personnel, and progress reports are important to both programs, an academic program is recommended and outlined only for the former.

Meier (1971) interested in the identification of children with learning disabilities studied the behavior of second graders. From 110 classes in eight states, 5% of 3,000 children revealed specific learning disorders rather than a global inability to learn, according to the tests used.

Another battery of tests was developed by Sabatino (1970) to study the relationships among 23 behavior variables. He studied boys whose problems existed unaccompanied by sensory loss, gross motor or emotional disorders, or cultural deprivation. Four principal components of learning disabilities were found: a) perceptual disabilities, b) symbolic mediation disabilities, c) deficient perceptual memory, especially in spatial relations, and, d) deficient

language association.

Early Identification and Screening: ED or LD Children

Haring (1966) selected various testing instruments for identification of children with learning disabilities. From 48 kindergarten classes with a population of 900 children, 106 were identified as having learning problems. Tests included achievement tests such as the Wide Range Achievement Test (WRAT), the Purdue Perceptual Motor Survey, the Illinois Test of Psycho-linguistic Abilities, and tests of right and left discrimination and other visual-motor skills.

Rubin (1968) and his coworkers investigated the best ways to evaluate learning disabled children. A new instrument which included a composite of other tests or subtests was employed to evaluate children in elementary schools. LD children were compared with problem-free children. Findings were that maladjusted school children have serious immaturities in cognitive-perceptual-motor functioning associated with their behavioral disorder and their learning disorder. The Lafayette Clinic Battery was judged as a complete instrument. For LD children, emotional overlay was judged secondary to their perceptual problems.

Masland (1968) stressed that evaluation at four and five years can play an important part in prevention and treatment of learning disabilities before a pattern of school failure begins. Language training may prove to be a preventive measure as may special methods of teaching a child to read.

Olson & Johnson (1970) investigated the Frostig Developmental Tests of Visual Perception, a commonly administered perceptual-motor test. In a study of its predictive validity, they compared the Frostig tests with the Wechsler Intelligence Scale for Children (WISC) 3 achievement tests, and 2 readiness tests. Results indicated that the Frostig test was "the poorest predictor of reading achievement at either the first or the third grade level (p. 51)."

Kelly (1970) developed his own procedures, for the screening of first grade children, but used the Stanford-Binet Intelligence Test, the Gesell copying test, and the Beery Buktenica Visual-Motor Test as a basis for his instrument.

His test appeared adequate for screening children for entry into a visual training program. No other relationships between visual-motor screening and other variables of school success were studied.

Intervention: Resource Room Placement, Special Class

Lieberman (1968) stated that cumulative experience over the years had led him to conclude that homogeneous grouping per se does not improve achievement of LD children. How the individual child receives aid, however, differs within each state or community. Williams (1969) reported that in a town in Kansas there is a methods and materials consultant who has the role of administering diagnostic educational tests to children with learning problems, and of prescribing and initiating appropriate educational methods and prescribing materials for alleviating the difficulties. Referral is provided at the Educational Modulation Center. The consultant observes a child in class, confers with the teachers, and interviews the parents. Both parents and teacher must agree to attend sessions at the Center which will focus on the child's specific problems. Help is then given in the form of recommended specific approaches to be used with the child.

Bannatyne & Solomon (1970) described a case study in which a child received tutoring for a year. More progress was made than had been made before, but development of the child's cognitive growth was uneven and spotty.

Zedler (1970) studied the effects of after-school clinical teaching by language specialists to help the LD child make gains both in IQ and achievement. She matched 50 identified pairs of children who had attended school at least one year, who had no sensory deficits, but were underachieving by more than six months. All had a language problem. The disorders were termed "neurologically based," because all subjects had a medically-diagnosed history of brain injury, although no gross motor defects were present. The experimental group was assigned to a regular class but given individual teaching after school hours by clinical teachers from the speech, hearing, and

language center. The controls were placed in special education classes and given no other clinical teaching. The WISC and a general achievement test were given before and after the course of the experiment. Results indicated that there were no differences in achievement or IQ gains between children who were medicated for seizures, and those who unmedicated, if they were in the same group assigned to special class or clinical teaching. Those in the experimental group, however, made significant gains in achievement and IQ over the controls. Zedler concluded that no special education classes are needed, but children would do better if placed in a regular class and given help after school hours with speech or language clinical teachers. However, it was noted that the teachers of the special education class were not specially trained.

Sabatino (1971) studied the effectiveness of special class and resource room placements for children with learning disabilities. Those included had failed at least one year in school and had shown very little achievement growth for length of school attendance. A battery of tests measured IQ, visual and auditory perception abilities, and general school achievement. One group of children was placed in a special self-contained classroom; a second group was given one hour daily in a resource room while remaining at other times in the regular class. A third group was given one half hour of resource room placement twice a week as well as regular class placement. The two resource room teachers did not teach academic subject matter per se, nor did they have special training in learning disabilities. Results indicate that significant progress measured in terms of score differences was made both in the longer time period resource room placement and in the special class. It was concluded that the resource room, if used with no more than thirty children per day, had a potential for contributing toward child progress when teaching was individually prescribed and if necessary behavior management techniques were used when applicable.

Summary of the Review:

Questionnaires as a method of inquiry are frequent devices for the gathering of initial information about school services. Several limitations are inherent; the failure of subjects to respond, the accuracy of reports, and the decision of respondents

to avoid selected portions. These cause the investigator to adjust the number of respondents in all analyses and weakens generalization. There is frequently no way of accounting for missing data. However, the usefulness of the method relates to the purpose of the investigation and the design of the instruments to meet the objectives.

Program evaluation has recently begun to form a substantial portion of special education literature. Evaluation and dissemination are required for most federally sponsored projects and for many state funds. Evaluation requires basic knowledge of the philosophy and of credentials personnel, an understanding of the community in which the program is operated, and information on the nature and goals of the program in terms of the child needs it is designed to meet. The goal of most LD and ED programs appears to be the successful re-inclusion of children into the regular school program. The long term nature of that goal limits evaluation between inclusion and return-to-grade.

The emphasis on child behavior growing within special education, paralleled with the common characteristics often reported of LD and ED children, underscores the questions about need for differentiated programs. Goals are similar; early intervention is advocated and has shown good results; the nature and extent of intervention is unresolved.

Statement of the Problem

1. Are administrative practices used for initiating learning disabilities programs related to the type(s) of programs offered?

2. Are administrative practices related to the types of Emotionally Disturbed programs offered?

3. What are the operational definitions utilized in local school divisions for Learning Disabilities and Emotionally Disturbed? Do these vary in accord with the number of child placement options available (ED - special classes, crisis teachers; LD - special classes, resource teachers)?

4. Are these differences in procedures for resource and special class placements?

5. What are the personnel selection and training factors involved in LD and ED programs? What are role expectations?

6. What is the self-report of teachers on their role in LD and ED programs and their report re credentials? Do these differ?

Method

Assumptions:

Learning disabled children have become the concern of many disciplines. In the last decade more professional help has been made possible through federal and state grants than ever before. The increasing involvement of educators and others with the amelioration of learning disabilities is the result of understanding and incorporation of certain assumptions. These are fundamental to the present study.

1. Children with learning disabilities are not different from normal classmates in range of visual and auditory acuity, excepting as these are influenced by the handicapping condition.

2. Learning disabled children are different from their normal classmates because of

one or more disorders in listening, thinking, speaking, and academics.

3. The LD child's disorder may result from one or more conditions, such as developmental immaturities, mild brain injury, and/or minimal cerebral dysfunction. In addition he brings to school a range of environmental learning, parental support, and professional intervention.

4. Under ordinary conditions of classroom teaching, including the possibility of some individual attention from the teacher, the LD child does not learn to the extent expected of him from a study of his integrities: age, abilities, visual and auditory acuity, general health status, etc.

5. The learning disabled child, if properly identified, diagnosed, and provided an individually-tailored special educational program, can make steady progress beyond that achieved in regular education settings. The success of intervention is enhanced by early delivery.

Definitions:

Learning Disabilities is the definition provided by the National Advisory Committee on Handicapped Children (1969) which is included in the Virginia guidelines, Services for Exceptional Children (1970):

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain

> dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage (p. 31).

Emotionally Disturbed (ED): will include children who evidence

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feeling under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

(Special Education Service, 1970, p. 29)

Resource Teacher: is a teacher in a Learning Disabilites program whose duties

> are more heavily weighted toward consultative and coordinating activities (or indirect teaching) than to direct teaching activities. These services are most pertinent to the moderately handicapped child whose special educational needs can be adequately met by coordinating direct special teaching on a scheduled basis with a modified regular class instructional program.
>
> (Special Education Service, 1970, p. 34)

Crisis-Resource Teacher: is a teacher in a program for the Emotionally Disturbed whose case load fluctuates

and whose children remain on the registers of regular class teachers.

Special Class Teacher: for both types of programs are teaching personnel who are assigned specific numbers of identified, handicapped children for intensive individualization of instruction initially for most of the day (more than 1/2 day), even though assignment is on a short-term, temporary basis with "return-to-grade" a major program goal.

Limitations:

The Survey operated under major restrictions:

1. Inaccurate and insufficient information initially available on the existence of services in Virginia's public schools for the Learning Disabled and/or the Emotionally Disturbed.

2. A time schedule undesirable in relationship to the public school academic calendar.

3. Necessity to develop questionnaires without the means of establishing reliability.

In addition, the media for collection, questionnaires, carries a limitation on the investigator who must rely on the willingness of each identified subject to respond and who must accept those responses as accurate.

Pilot Study:

A basic set of questionnaires were developed against the State guidelines for Learning Disabilities. These were field tested through the cooperation of Albemarle County Schools. The system personnel involved were asked to respond freely to

1. inclusion of variables of importance and contingency information;

2. readability;

3. ease of response.

The first of these, "Superintendent's Questionnaire," was designed to collect specific information relative to the

planning, initiation, and operation of the Learning Disabilities programs. A second was designed to collect information on practices from the individual school in which services are provided. Designated "Principal" it incorporated material about referral and placement procedures, teacher services, and child characteristics. The third, "Teacher," covered administrative practices, her own role and methods of providing services, her perspective on child characteristics, the nature of major equipment and classroom provisions, as well as specific diagnostic and evaluation information and her own credentials.

From the trial, an edited set was made. That set was then adapted to correspond to programs for the emotionally disturbed.

Field Study:

Initial mailings: The Questionnaires (IA, IB; IIA, IIB) to Superintendents and Teachers were mailed directly to those State identified persons on April 19, 1971. A return postcard was included in each teacher's questionnaire, where necessary to obtain accurate information about school location and principal.

Questionnaire III (A and B forms) was mailed upon receipt or confirmation of each principal's name and school. Some of these were, consequently, delayed into May.

Each Questionnaire II and III contained a cover letter suggesting a recommended procedure for completion and the means to carry out that procedure. Essentially, the directions were to "get away from everyone" and "have a cup of tea on us." Tea bags were enclosed as means for refreshment to approximate "reinforcers." A stamped, self-addressed envelope was also enclosed to expedite returns.

Follow-up:

Two weeks after initial mailing (staggered dates on "Principals"), non-respondents were sent a punched-card reminders.

On May 5, all non-responding Superintendents were sent telegrams urging response (after the successful methodology of Hirshoren, et al., 1970), Between May 3 and 14, non-responding principals and teachers were telephoned. When a teacher was in a principal's own building, he was asked to convey the message.

Chapter 3

RESULTS

Populations And Samples

Divisions:

Although reported to the State Department of Education in the Fall of 1970 and published in the directory, Special Education Personnel, School Year 1970-71, the original figures representing the numbers of school divisions and numbers of teachers engaged in public school programs for the Learning Disabled (LD) and the Emotionally Disturbed (ED) proved inaccurate during the course of the survey.

In one case a school division had discontinued its program for the Emotionally Disturbed, the newly employed supervisor of special education reported, because poor original planning had produced an undesirable program. In a second school division the reported program for Learning Disabilities had not been initiated after all.

Consequently, it was found that there are programs of special services for children with Learning Disabilities in 13 of the Commonwealth's 134 school divisions. In four of these the total program was originally developed under the support of federal funds. Two of these have been under local and State funding, only, this year (1970-'71) and the other two were phased to local-State during the year. In two other divisions, projects similarly funded, are adjunctive to the regular State-reimbursed services.

Among the 13 divisions there are both Resource Teachers and Special Class Teachers; however, only four are known to use both types of positions within a single division. In a fifth, both kinds of positions are used but both operate within an otherwise isolated

program, Resource Teacher positions being supportive to the Special Class teachers. In two divisions, the designation of assignment was unclear.

The survey discovered that in spite of longer term State reimbursement, only 16 school divisions offer special services for the Emotionally Disturbed. Eight of these divisions are the same ones who offer LD services. Both Crisis-Resource Teachers and Special Class Teachers are employed but only 2 divisions utilize both models. A third may be considered to offer both through the use of the Diagnostic-Prescriptive Teacher, although that position provides no direct resource teaching.

It is pertinent that the divisions offering services to both LD and ED are not similar in local "ability-to-support," in size, nor in geography. Five are city divisions, ranging in enrollment from 7,325 to 51, 187; three are county school divisions which range in enrollments from 25,000 to 35,000. These divisions are located from the Southwest through Central Piedmont and up into the Washington, D.C. suburbs. Respondents are shown in Table 1.

In LD, there are four divisions which use both Resource and Special Class models. Three are county divisions, one is a city. Three of these are Northern Virginia Divisions. En ED, the two divisions offering both Crisis-Resource and Special Class programs are very different. One is a city division, the other is county; one enrolls fewer than 4,000 students; the other exceeds 35,000.

It is interesting, when studying the kinds of options children have, to look further into the above mentioned school divisions. From the data collected in the survey, there were only 4 school buildings found in Virginia where there is both an LD Resource Teacher and a Class Teacher; only 4 schools have both types of ED positions. Except for centralized, isolated special programs, only one local school in the State appears to be able to offer a child any of the four described options.

TABLE 1: Percentages of Responses to the Survey

	LEARNING DISABILITIES						EMOTIONALLY DISTURBED					
	Resource			Class			Resource			Class		
	N	n	%	N	n	%	N	n	%	N	n	%
School Divisions	8	7	88%	11	8	73%	8	6	75%	10	10	100%
Principals	12	6	50%	30	19	63%	18	9	50%	22	11	50%
Teachers	17	15	88%	45	32	71%	21	15	71%	41	18	44%

Teachers:

From the originally identified 65 LD teachers and 79 ED positions, 62 actual teaching positions were confirmed in each area. Six teaching positions were individual program cuts (2 L.D., 4 E.D.).

In addition, several teachers reported that they were in teaching assignments different from these designated by code in the State Department directory of Special Education Personnel (1970). Others had not been employed as reported or had cancelled their contracts, and two had been dropped from programs in mid-year. In one division the personnel listed in the directory as serving in Learning Disabilities programs reported that they were in fact remedial reading teachers with such uniformity that the group was deleted from the reported data.

For the purposes of the survey, all teachers referred to as Diagnostic-Prescriptive Teachers were included in the tabulations designated Learning Disabilities, Resource. That seemed the State designation most closely allied. In certain tabulations it will be noted that the group was deleted so that discrepancies could be examined.

All teachers whose teaching assignments are named "special learning problems" were also classified in "Learning Disabilities" for tabulation, but as classroom teachers. This decision was based on the teacher returns which in six cases refused to complete forms labeled "Emotionally Disturbed" and twice wrote that the program "used to be for ED but changed this year."

Two federally-supported Learning Disabilities project programs were difficult to classify. In both cases the teachers work in centers that are isolated from the buildings which the assigned children otherwise attend. In one case, the children are assigned to the center full-time for approximately four weeks. In the second case, children attend the center program for the more academic portion of the curriculum, but spend only part of any day. In both projects, the participating teachers designated themselves as "class" teachers. That choice was allowed although the second program described allows the teachers one day a week for coordination with the children's other teachers. That percentage of time agrees with

the State recommendation that a "classroom" teacher be allowed 30% of her time for "Indirect Services".

Teachers of children with learning disabilities showed the highest percentage of response for any of the groups, 69.8%. Teachers from ED programs reported 53.2%. Table 1 shows the full response breakdown.

Principals:

Without any directory of the buildings to which special education personnel are assigned or any indication in State administrative reports of principals who are immediately responsible for special education programs, the identification of principals for the survey participation was seriously handicapped--of the original list of 144 teachers, a search of State Special Education Service files was productive of 72 names of buildings or principals. Several of these later were found to be in error.

In an attempt to reach every identified teacher and principal involved in LD and ED programs, some teacher questionnaires were directed to Central Mail Rooms marked "Please forward." In several cases phone calls were made. These were of some help. Each of the teachers whose building principal was not originally identified was asked to return a stamped-self addressed postcard identifying the respective principal to ensure participation. Thirty-two postcards were returned.

Through that sequence of central office mailings, return postcards, phone calls, and the volunteer assistance of some of the survey respondents, an attempt was made to reach every principal. Consequently, time schedules were eradicated and some principals were as unfortunate as to receive their questionnaires at the end of May.

In the end, it appears that the centralizing of some programs and the grouping of special classes reduces the possible number of principals significantly. The survey confirmed 41 principals responsible for LD programs and 40 responsible for ED services. In the ED programs there are three "teaching-principalships," all in one division, and in LD there are three administrator-principalships (two being personnel and the third being a project director .

Table 2: Numbers of Respondents According to Division and Assignment

SYSTEM CODE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
LD Resource Principals	1	2	1	1				1										
Teachers	1	2	1	3	3	1		2										
LD Class Principals			1		2	4	1			7	1	1	2					
Teachers	2		1		7	5	2	1	2	7	1	1	2					
ED Resource Principals					1		1				6							
Teachers					2		3				5				1	1	1	
ED Class Principals					2		1		1	3			1	1		1	1	
Teachers					4	1	2		4	4			1	2				1

There is one principal who is responsible for teachers offering all four placement options. Five principals house programs for both ED and LD with two placement options available.

From the LD principals identified, the survey received a 61.0% response; from ED there was exactly 50%.

Demography

Location of Programs:

A generalized description of school divisions which provide either or both LD and ED educational programs is contained in the first section of this chapter. Respondents to the Superintendent's Questionnaire returned extensive statistical reports. Principals and teachers gave detailed information on their buildings. This data makes possible a more specific description of the location of programs.

School Divisions:

Of the 18 school divisions providing information, seven have both LD and ED programs; seven have ED only and four LD only. Of the seven with only ED, five have adopted the special class model and two offer only a crisis resource program. The four systems which offer LD services alone split. Two have special classes and two have resource programs.

Learning disabilities programs are located in divisions with total school enrollments from 1,500 to 142,000 children. Divisions with ED programs enroll from 2,000 to 142,000. Since six teaching positions have been identified in secondary schools, most programs are at the elementary level. The number of elementary schools (K-6) in the divisions above range from one to 120. The numbers of elementary teachers employed by the division is from 40 to 2,679.

When divisions with both LD and ED programs are considered, the lowest total enrollment is 7,500 with seven elementary schools housing 158 teachers. This division has a ratio of one LD or ED teacher for 1050 children. Many of the larger school divisions with numerically larger programs do not have this teacher-child ratio of services.

There is no pattern that relates size of school division to services rendered children. The diversity of school divisions with these programs indicate that there is diversity in the geographical location of children identified as needing some type of LD or ED special services.

Within the School Division:

Diversity is a characteristic, also, of the location of programs within local school divisions. Although the great majority of teachers are in elementary schools, the superintendents report other locales for the services to be offered. Some superintendents have teachers in more than one type of location.

Table 3: Type of Facility Housing LD and ED Programs

Facility	Superintendents report LD	ED
Regular Elementary School	6	6
Regular Secondary School	2	4
Special Education School	1	3
Resource Room, Elementary School	2	1
Resource Room, Secondary School	0	0
Other	1	0

The number of students within facilities housing these programs vary considerably. Special education schools have fewer students than regular schools. The greatest number of students in one of the buildings, according to teachers, is 108. Regular school enrollment varies from 200 to 900. Most buildings housing these programs have five or six hundred students.

The variety of placement of these programs within local school divisions indicates variety in local division decisions concerning the need for special services to children.

Socio-economic Status:

The percentage of children from low, middle, and upper socio-economic backgrounds was requested in an attempt to gain more information about the types of communities in which programs of special services have been established. Only three divisions responded to the question.

Two indicated that 60% of the students represented middle classification and a relatively even distribution of the remaining into lower and upper groups. The third school division reported 75% of its students in the upper grouping. These replies are included for their interest value only; generalizations on the types of communities which support services for LD and ED children would be improper, inappropriate, and misleading.

Financial Arrangements:

Funding patterns for local programs of all types differ. The same is true of those for LD and ED programs. Initial and present funding of four LD programs is completely from state and local funds. The same is true of initial and present funding of seven ED programs. Two newly established programs for LD and two for ED are almost completely federally funded under laws which require local committment increasing during succeeding years. One LD and one ED program have already moved completely from federal funding to state and local funding.

Special Services Available:

Additional services available to students within divisions which have LD and ED programs vary. Of those reporting, all but one have classes for the educable

mentally retarded child. Almost all have classes for the trainable retarded child. Other services may include those for the visually handicapped and the hearing impaired child.

Within a local school, supplemental support may be offered LD and ED children. Table 4 indicates services which superintendents indicate are available.

Table 4: Services Within Schools

	LD Children	ED Children
Resource[a]	5	2
Special Class ED or LD	7	3
Special Class Mentally Retarded	10	6
Remedial Reading	8	4
Physical Education	8	4
Elementary Guidance Counselor	4	5

[a]ED for LD students
LD for ED students

Specific combinations were chosen by superintendents as being available to children served by LD and ED programs. These responses are shown in Table 5.

Table 5: Combinations of Services Available In Divisions

	Learning Disabilities (n=9)	Emotionally Disturbed (n=13)
Resource teacher, speech/language specialist, remedial reading	4	5
Resource teacher, physical education program, remedial	3	4
Resource teacher, crisis teacher, remedial	1	3
Special class, speech/language specialist, remedial	5	5
Special class, physical education program, speech/language	3	3
Special class, remedial _____, speech/language, physical education	5	4
Special class, crisis teacher, remedial _____	1	2
Other combinations	2	4

Administration of Programs

Local Division Plans:

As described in the Introduction and in Chapter 1, Virginia's program of services for Learning Disabilities, a permissive, reimbursable one, was approved by the State Board of Education in January, 1970. A minimal teacher endorsement procedure was similarly adopted in April, 1970. These both became effective for the school year 1970-71 and required, for the first time, that a participating local school division submit, for approval by the State Department of Education, Special Education Service, a plan for program operation. That plan, according to the guidelines published and disseminated in July of 1970, requires a Superintendent to assure that:

A. Adequate supervision will be provided.

B. Services of other available school specialists will support the Learning Disabilities program:

1. School Psychologists
2. Visiting Teachers
3. Reading and Speech Specialists

C. Diagnostic services will be available (at least on a part-time commitment) from medical and paramedical disciplines or community agencies. These may include:

1. Pediatrics
2. Neurology
3. Audiology
4. Optometry
5. Psychiatry
6. Ophthalmology
7. Others as dictated by the individual child's problem.

D. Continuing diagnostic procedures with additional clinical evaluation are available and individual re-evaluation is conducted at regular intervals-at least every six months.

E. Child records are adequately kept and available to teachers and designated staff of the State Department of Education at time of visitations.

F. Trained teachers, or those with a minimum of nine semester hours towards endorsement, earning credits at the rate of six semester hours per year to complete endorsement requirements, are employed and utilized according to guidelines.

G. Teachers may be assisted by teacher aides.

(Services for Exceptional Children, 1970)

Consequently, local school divisions had little time to plan programs for the 1970-71 school year, unless personnel had been maintaining verbal communication with State Department personnel. As the position of Assistant Supervisor for LD remained vacant throughout the present year, an additional problem existed. However, those divisions who have been operating special services this year were aware of the pilot nature of programs and of the expectation of review and evaluation. Divisions offering ED services are not similarly bound. (Traditional visitation by the State Department is by invitation.)

Since the guidelines were published in July, the survey duly found that they arrived in participating divisions on an average of two months before the opening of the school year. It took one and one half months for the average school division to receive a response from the State on plans submitted for approval. In a few cases there was additional delay. These figures indicate that the school divisions offering services to children with Learning Disabilities in the 1970-71 school year did so by employing personnel and establishing procedures prior to knowing whether the State would be reimbursing under the 60%-40% (State salary schedule) Special Education formula. It was also indicated that some confusion existed about whether plans had officially been approved and, if so, as of what date. Some participants expressed an added concern that the procedure for submission and approval of planned service programs remains unclear.

Local Advisory Committees:

The new state guidelines introduce a recommendation for local school divisions who offer Special Education programs to appoint official, continuous Local Advisory Committees to their respective School Boards. Fifty percent of the reporting school divisions with programs for children with LD have an established Local Advisory Committee for Special Education, while 38% of those with ED programs have one. There was no indication that these are, however, or have been, effectively part of planning or evaluation. It is noteworthy that each of the reported committee was initiated during 1970.

Among reporting teachers who represented 19 school divisions there were few who were even aware that having Advisory Committees is recommended. From a total of 80 teachers, 12 answered affirmatively.

Inservice Training and Community Education:

The State of Virginia advises local school divisions that both in-service and community education "leading to the acceptance and understanding of the program (for the handicapped) by parents and school personnel" is part of an "adequate program" (1970, pp. 18-19). 90% of the responding divisions did offer some Inservice Program when LD or ED was initiated. These varied considerably in nature, extent, and target audience. In most cases the LD programs had a broader audience but the ED programs were significantly more frequently introduced within Special Education. Table 6 indicates the types of trainees. Little information was provided on the nature of programs.

Table 6: "Inservice Training: LD and ED Programs"

Kind of Recipients	LD%	N	ED%	N
Building faculties throughout the Division[a]	12.5	1	7.7	1
Faculties of Buildings involved (only)[a]	62.5	5	46.1	6
Faculty of Children to be served[a]	37.5	3	53.8	7
Division Principals	37.5	3	38.6	5
Other special education teachers	0.0	0	30.8	4
Non-teaching personnel	12.5	1	7.7	1
Central administration	12.5	1	46.1	6

[a] Only mutually exclusive categories.

Inservice training was given by in-system consultants in 6 of the 9 reporting divisions with LD programs (75%), while only in 38% of divisions for ED programs.

Most inservice in LD was provided by local division personnel (6 of 9 reporting) against 5 of the 13 ED

divisions. Use of outside consultants in the divisions was expensive; two LD programs cost $1,000 and $3,000 approximately while ED reports ranged from $100 to $4,000.

Moreover, 5 LD divisions used workshops and lectures while 9 ED divisions did. Four of the 9 LD divisions used demonstration teaching but only 2 of the 13 ED divisions did. The scheduling and extent of training varied from use of Teacher Workday time at the opening of the school year to sequential, regularly scheduled meetings held throughout the year.

Some of the reporting divisions did not respond to the section concerning Community Education. Among those who did the most popular media was the release of newspaper articles. Only one school division in each LD and ED used radio or TV. Table 7 shows the response breakdown. Percentages are calculated assuming that failure to complete the section indicates the lack of a specific Community Education program.

Table 7: Division Programs Media for Community Education

	LD Programs (N=9)		ED Programs (N=13)	
	Number	%	Number	%
Radio Coverage	2	22.2	1	7.6
TV Coverage	1	11.1	0	0.0
News Releases	5	55.5	7	53.8
PTA Progress	4	44.4	7	53.8
School Board Presentation	5	55.5	9	69.2
Leaflets, Brochures	3	33.3	5	38.4

Various citizen's groups participated in the initial planning of local division LD and ED programs. Six LD divisions and 7 ED divisions reported. The percentage and number of systems using specific citizen groups and/or individuals is shown in Table 8.

Table 8: Division Involvement of Citizens in Planning

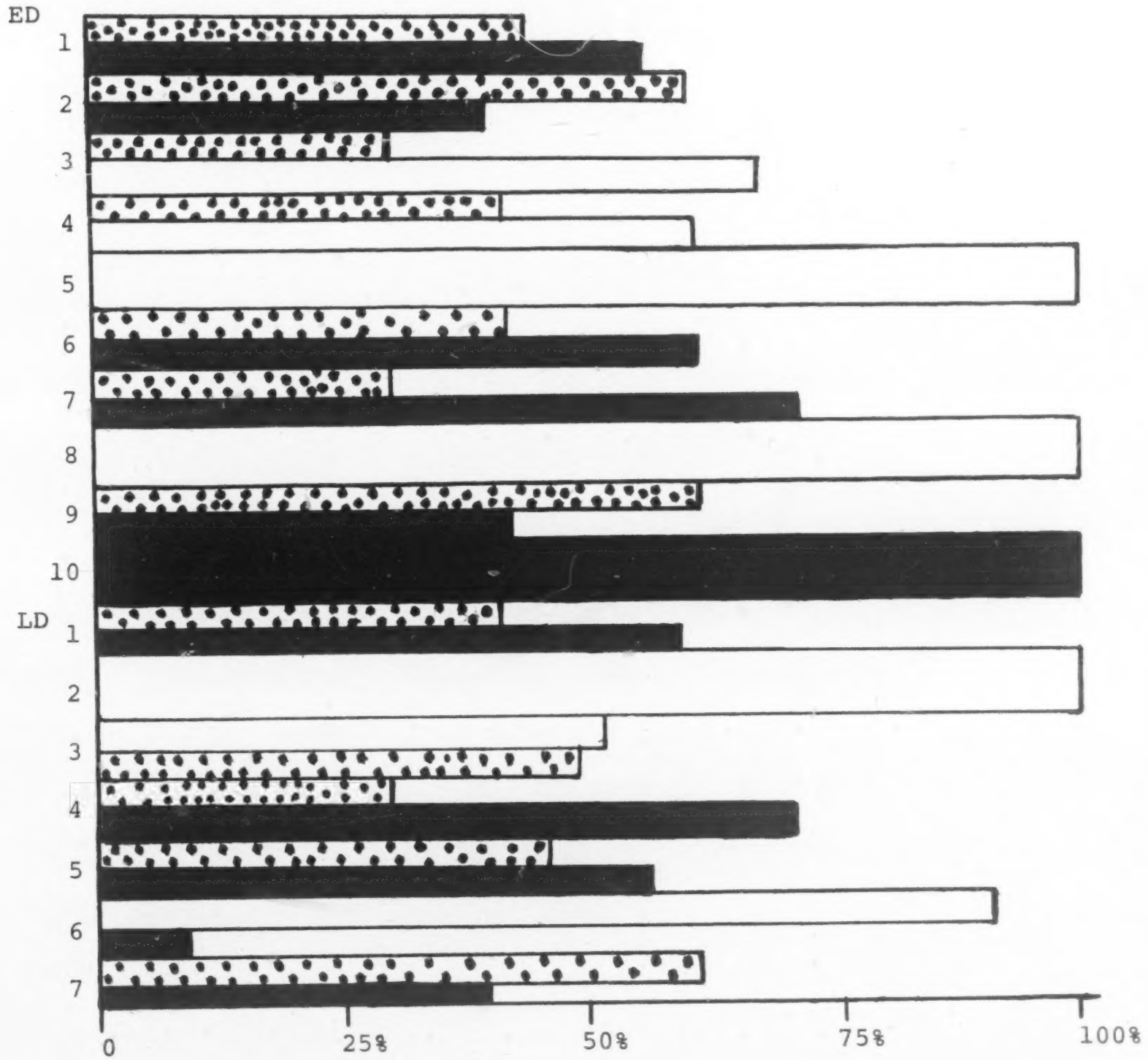
Citizens' Groups	LD	N	ED	N
PTA	00.0%	0	00.0%	0
Parent Groups of Children with handicaps	37.5	3	25.0	3
Mental Health Assoc. (Rep.)	25.0	2	16.6	2
Citizens' Advisory Council	12.5	1	00.0	0
Interested Private Citizens	25.0	2	8.3	4
none of above	12.5	1	8.3	1
Other				

Initiation of Special Services:

It was mentioned above that the Special Education Service asks Division Superintendents to designate a person to be responsible for special education services. One section of the Superintendents Questionnaire asked the title of that person. The response ranged from "Principal" to "Director of Special Education."

Various other positions within the school systems were also designated such responsibility. Among the ED programs, two are under the supervision of Visiting Teachers while none of the LD programs are. "Supervisor of Special Education" is responsible for seven LD programs and seven ED programs. One ED program is under the direction of an Elementary Supervisor. Some school systems chose multiple responses, showing dual or shared responsibility.

LD and ED programs also have different places in the administrative structure. A Special Education Department is responsible for 75% of both programs, while Pupil Personnel Services is assigned the direction of 25% of LD programs and 16.6% of the ED programs. The Department of Instruction supervises one LD program and 4, or 30.8%, of the ED programs. None are placed under School Health.



KEY:

Federal Funds

State Funds

Local Funds

Graph 1: Financial Patterns [a] of Virginia Public School Programs Responding to Survey

(1970-71)

[a]Graph is based on 17 divisions offering programs for Learning Disabilities and Emotionally Disturbed. Only teacher salaries are used.

In Chapter 2, Definitions, the Virginia special child definitions are provided. Adopted from other original sources, those conceptual descriptions of Learning Disabilities and of Emotionally Disturbed are not functional. Rather they are intended to provide flexible guidance, within limits, to local divisions about the nature of handicapped children to be served. The present survey undertook the task of discovering the functional definitions used in the field for implementation of those basic concepts. Each administrative respondent was requested to write the definition used in his division or his building. He was also asked the source of that definition.

Surprisingly few of the possible 68 returns completed the section, suggesting that f..ctional definitions have not yet been devised or that, where operating, they are not known by the administrative personnel.

Most of the responses that were made reflected the State definitions; some credited the State and some credited the original sources. Curiously, two respondents provided the National Advisory Council on the Handicapped definition for Learning Disabilities but referred to it as "local, unpublished."

In general, the LD responses suggest children of approximately normal, or higher, general intelligence according to individual psychological evaluation who are yet unsuccessful in traditional public school settings in specific areas of curriculum. He is an "underachiever," but is not physically or emotionally impaired. His disabilities are associated with subtle deviations of the central nervous system.

The ED child also fails in regular school settings but from inability to make appropriate adjustments; his behavior is maladaptive in his relationship to himself, to his peers, and/or to his teachers. Failure, poor attendance, difficulty in group interaction, special learning problems and/or developmentally deviant temperamental traits contribute to the child's social, emotional, or academic maladjustment.

Within the ED program responses, there were two unusual approaches to the definition issue. One division reported that "there is no established definition; identification seems to depend on many variables; individual child; his individual school environment; parental behavior and attitudes; faculty behavior, etc."

One division, providing only resource teaching, but that on the unparalleled basis of one in each elementary school, deliberately avoids definition. Teachers are directed to refer children "to determine educational needs and effective responses to those needs." This is a local, unpublished "definition" contained in a duplicated description entitled "Resource Teacher."

Another indication of the purpose for local division programs could lie in the statement of goals. Both Superintendents and Principals were also requested in open-ended questions to state "School Goals" for the special service programs and "Child Goals". Little differentiation exists between school and child goals among respondents. The most child-oriented statements were submitted by personnel representing ED services.

Samples of School goals for LD Programs include:

"To provide an effective means of identifying the L.D. child early (grades 1, 2, 3) and habilitating him at that time."

"To provide specialized instruction in the areas of language and math and to return the child to the regular classroom as soon as possible."

"To modify curriculum to meet needs of the pupils and to work toward remediating the LD."

Samples of School goals for ED programs are:

"To help keep all borderline ED children in the regular classroom with consultative help for the teacher."

"To provide for each student an opportunity to succeed in the instructional program."

"Accommodation."

Samples of child goals stated by respondents from LD programs:

"To keep the LD child in the main-stream of the regular program and in his own school."

"To develop to his maximum potential."

"To return the pupil to the regular classroom on a full time basis able to compete with success."

Samples of child goals from administrators of ED programs are:

"To individualize instruction for each child so he can remain in the regular classroom as long as possible."

"To develop realistic goals for his life and work toward achieving them."

"Self-fulfillment."

Admissions Committee:

An Admissions Committee to determine the eligibility of a child for special class placement is strongly recommended in Services for Exceptional Children: A Guide for Program Improvement. It is a recommendation that has been in existence in the earlier edition of that publication (1961).

Seven superintendents of divisions providing services for ED children stated that their divisions had an Admissions Committee which considered placement for children to the ED program. The average Admissions Committee had been in operation since 1967. Five superintendents reported no such committee.

Six superintendents of divisions providing services for LD children stated that there was an Admissions Committee which considered placement for children to the LD program. Such a committee had been in operation on the average since about 1968. Two superintendents reported no such committee exists in their school division.

In four cases, the Admissions Committee screened children for admissions to the ED special class: two did not. Five reported that the Admissions Committee did not staff children for placement with the ED resource teacher.

In four cases, the Admissions Committee staffed LD children before their admission to the LD special class, and none staffed children before their placement with the LD resource teacher.

Referral Procedures and Diagnostics:

To determine if there are commonalities or differences in procedures used by local school divisions for referral of children suspected of needing special LD or ED services, a list of 24 items was given the superintendents and principals. For simplification of response, each could be marked as used "for every child" or "for some children". A blank indicated the item as not applicable in that division. Replies were available for coding from 22 superintendents and 26 divisions. Responses within divisions could not be compared because of this pattern of replies. However, there were marked inconsistencies with many divisions.

Few items were checked by more than half of the respondents as being used for all children. On referral procedures, the most common usage is referral from the teacher to the principal or supervisor, and from the principal or supervisor to others for testing.

Evaluative material available in most school divisions are cumulative records, group achievement testing, a test of hearing acuity, individual psychological evaluation by an approved school psychologist, and recent medical history. Principals also use observational descriptions of behavioral problems.

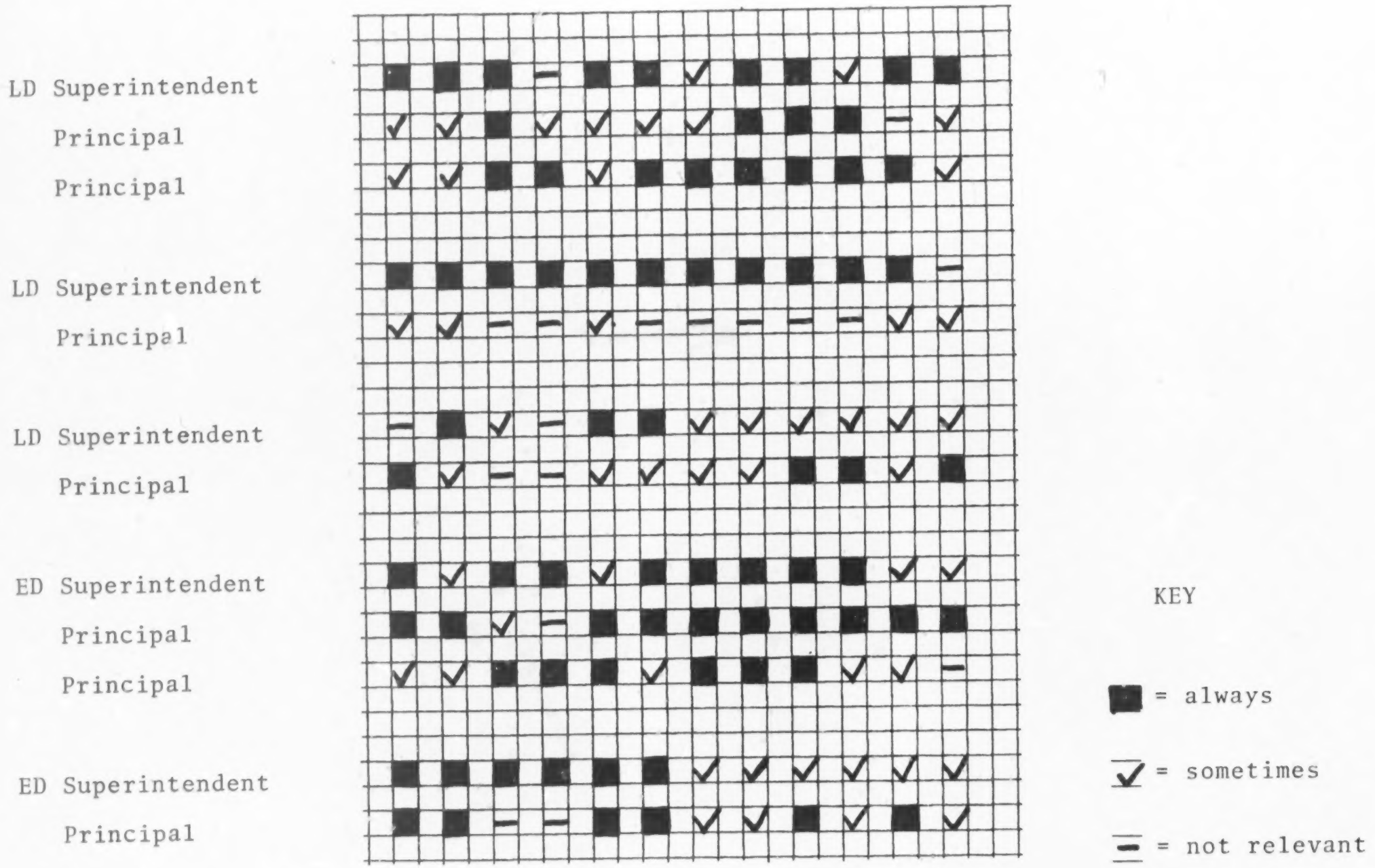
Other material most available on every child in participating school divisions includes evaluations by the speech specialist, a medical doctor, a visiting teacher, and individualized testing done by the teacher. The following is a list of the items on the questionnaire. The numbers refer to items contained in Table 9, a brief of responses.

1. Teacher referral to principal or supervisor
2. Principal referral for testing
3. Group achievement tests
4. Teacher identification
5. Individual evaluation by psychologist
6. Cumulative records
7. Hearing test
8. Vision test
9. Reading test
10. Speech evaluation

The brief sample of responses from superintendents and principals contained in Table 9 indicates the lack of consistency both within school divisions and among school divisions.

To identify the types of tests used in the evaluation of children and the personnel who administer these tests,

Table 9: A Sample of Superintendent and Principal Responses



teachers were asked to fill in a chart listing many types of tests with spaces for "Others" not mentioned. The next column was "Who Administers", the following "When" (on referral or during placement), and another on "Frequency" (always, usually, or sometimes). This following summary reports the more frequent responses according to the educational service performed by the teacher.

ED Resource Placement:

All 15 ED resource teachers responded to this chart, 11 reported group testing, 12 achievement testing, and 14 projective testing. The school psychologist administers the projective tests. Either regular classroom teachers or resource teachers test for achievement. Visual testing was checked by eight teachers but only four marked it as routine. Routine hearing tests were listed by four teachers. Few other tests were recorded.

ED Special Class Placement:

Testing is somewhat more extensive for children placed in ED special classes. All 16 teachers checked that each child is given an individual intelligence test by the school psychologist. Eight reported an individual achievement test as being given and ten either "routine" or "usual" group achievement batteries. A Bender-Gestalt is given to children of nine teachers either upon referral or placement. Visual screening or testing is required in 9 instances. Routine audiometric evaluations were recorded by eight teachers.

Fifty per cent of the teachers are required to have health and developmental histories of the children. Projective tests are either "always" or "routinely" done. The WRAT (Wide Range Achievement Test) is the individual achievement test used by 50% of these teachers. Individual testing is seldom done if group testing is recorded. Other educational or personality testing was infrequently listed.

LD Resource Placement:

Children assigned to an LD resource teacher are evaluated more extensively than candidates for ED placement. Each child is given a group intelligence test routinely. Twelve of the 14 resource teachers also reported routine use of individual intelligence tests. Group achievement tests are given all children, either

by the classroom or the resource teacher. The Stanford Achievement Test (n=11), the Metropolitan, SRA and California Achievement Tests (n=7) are frequently used by the classroom teacher. The WRAT is also given (10 reports). Individual achievement testing is done at the time of referral by 12 teachers. Tests used are the Slosson Oral Reading, Gray Oral Reading and the Peabody Individual Achievement. Frequent use of academic readiness tests is made by report of 11 respondents.

In 13 instances the school psychologist administers the Bender-Gestalt; five teachers stated that outside consultants or the remedial reading teacher administered this test. In addition, other perceptual-motor skill assessments are used; most common are the Illinois Test of Psycholinguistic Abilities (n=9), the Wepman Auditory Discrimination (n=10), and the Goldman-Fristoe Discrimination Test (n=6) which is frequently administered by a speech specialist.

Visual and/or auditory screening is routinely done at the time of referral (n=6) or at some time during the school year (n=6). All respondents checked that developmental history is obtained and some (n=5) that a health history is also obtained. Occasional tests are made of gross and fine motor development. There is frequent use of projective techniques by the psychologist. These tests include the House-Tree-Person (n=8), Rorschah (n=7) and the Draw-A-Man (n=9). In all, there are more reports of projective testing for LD resource placement than for ED resource placement.

LD Special Class Placement:

Children assigned to special LD class placement are usually tested more often than any others reported. More than half of the 33 respondents indicated that group intelligence tests are routine: group achievement batteries are administered, usually by the classroom teacher before placement; and readiness tests are administered by half of the respondents. The WISC individual intelligence test is given (24 instances) and the Binet (15 instances). Most of the above testing is done as a requirement of placement.

The Bender-Gestalt is generally given (n=27), routinely for 19 respondents. The Wepman is also administered (n=19). Individual achievement tests are widely used; over 50% of the teachers indicate the use of the WRAT. Other reading and achievement tests are also administered. Table 10 summarizes the frequency with which these tests are reported.

Table 10: Most Reported Achievement Tests Administered to Children During Consideration for LD Class Placement

Achievement Battery	Number of Teachers (n=33)
Slosson Oral Reading	7
Gray Oral Reading	7
California Diagnostic Arithmetic	5
Peabody Individual Achievement	8
Durrell Analysis of Reading Difficulties	4
Wide Range Achievement Test	23
Metropolitan	15
Stanford	15
SRA	4

In about two thirds of the reports, visual acuity is tested, as is hearing acuity. Health history is taken (n=21) and developmental history (n=17). Gross and fine motor evaluation is done to a limited extent. Projective testing is always done by the school psychologist, although six respondents list other personnel who also administer these tests. Some other reports of personality or sociometric devices are given by eight teachers.

It is obvious that there is no fixed pattern for the diagnosis of educational problems of ED and LD children. Many types of testing are used with varying degrees of frequency. It should be noted that the State requires a group achievement testing program. Reports of the use of such tests should be read in this frame of reference.

Nature Of The Children Served

Three portions of the Teachers' Questionnaire were designed to study the nature of the children receiving services under reimbursed programs for Learning Disabled and for Emotionally Disturbed.

Child Characteristics:

The first of these was a list of characteristics commonly associated with LD, with ED, or with both groups of children. Teachers were requested to mark whether the statements would influence placement of a child into the special service program. Specifically, respondents were to mark whether children included for services "May Show","Must Show," or "Cannot Show" various ranges of intellectual ability, medical diagnosis, learning and behavioral characteristics. The same section was submitted to the principals immediately responsible for the teaching stations. (Full chart is shown in Appendix 2)

All respondents were also permitted the marking option of "Don't Know".

Based on principals' reports, twice the number of teachers as would be proportionally expected, report that normal intelligence is a prerequisite for inclusion in LD programs, class or resource. However, in ruling out "functional or other retardation (75 or below)" a similar response pertained only for the classrooms. Only three teachers and two principals ruled out retardation or resource situations.

Among ED classes reporting, half of the principals felt normal intelligence must be indicated, along with somewhat more than half of the teachers. Fewer teachers than principals, proportionately, ruled out "functional retardation." There are few reports of any policy on IQ from resource situations.

Special learning problems, whether visual, auditory or perceptual-motor, brought surprisingly few reports that deviated from "may show." The highest frequency in any cell is 4 indicating that children in those LD classes "must evidence" perceptual-motor problems.

There is no identifiable policy across the state for underachievement. Agreement on any category was 22% or less.

In the area of emotional problems, the extreme responses of "must evidence" or "cannot evidence" were reported significantly more often by ED teachers than by LD teachers. Emotional problems stemming from "failure reaction to learning problems" must be shown by children in 62% of the ED classes and 13% of the ED crisis-resource programs. "Absence of emotional problems" keeps children out of only 62% of the reporting ED teachers classrooms while in both ED and LD resource there are no responses indicating "cannot show." In both LD class and resource programs there is a proportionately low percentage of extreme response to all items on emotional problems by both teachers and principals.

Concerning behavior , responses in the extreme range are significantly more often reported by ED teachers than by LD teacher respondents. Hyperactivity must be evidenced in 87% of ED classes and in 6% of LD classes. Neither ED nor LD resource programs require this behavior. Aggressiveness, hostility, must be evidenced in 62% of ED classes, in 6% of LD classes, in 12% of ED resource and in 7% of LD resource. Anxious behavior is required in half of the ED classes and in an eighth of the LD classes. Neither ED nor LD resource shows an extreme response. Social-emotional instability must be evidenced at about the same rate as anxious behavior, except significantly more principals of ED classes see this behavior as required for placement. Catastrophic reaction cannot be evidenced by children to be placed in one fourth of the LD classes, a fifth of the LD resource, and an eighth of the ED resource.

Diagnosed problems of brain injury are reported with significantly more strength by LD teachers than ED teachers. For LD class, 25% must evidence brain injury suggested by psychological information while LD resource, ED resource and class have less than 12% response. Brain injury diagnosed by a neurologist is required by a fifth of LD classes. Responses for all other placements are insignificant. Psychiatrically diagnosed problems cannot be evidenced in a fourth of LD classes, but must be evidenced in a third of the ED classes. Psychologically diagnosed emotional disturbance cannot be evidenced in 6% of the LD classes but must be evidenced in 50 % of the ED classes. No resource programs require psychiatrically or psychologically diagnosed emotional disturbances.

Group Descriptions:

Teachers were presented with another set of items in an attempt to learn their perceptions of the children

to whom their services are available. This sequence of nine child descriptors was composed from definitions used commonly to describe children with learning disabilities and emotional disturbance, along with two distractors. Responses to it were to be three "Yes" answers for descriptors "Most Applicable" to the teaching groups, and three "No" answers for the descriptors "Least Likely" to be included in teaching assignments. The results showed, first, that the teachers were generally unable to accept the structure of response requested. The number of actually answers supplied by respondents, instead of being six, ranged from zero to nine. The numbers of "Yes" and "No" responses varied. Consequently, the planned analysis was inappropriate. Instead, a count of the "Yes" and "No responses is shown in Table 11.

A study of the frequencies shows several tendencies. First, it can be seen that the generalized description of children whose problems are "invisible handicaps" ("inability to learn in regular programs for reasons which cannot be explained by intellectual, sensory, or health factors) was a first choice across all types of teachers. Learning Disabilities teachers, both class and resource, choose a second descriptor as most common: Inability to maintain visual attention or to discriminate and integrate visual symbolic material in spite of higher verbal understanding and communication. The ED Teachers did not select that. For their third choice, LD class teachers selected "inability to master verbal language communication as easily as non-verbal and visual learning tasks." The resource group does not have a clear third choice but the next most frequently marked is the same as that for LD class.

Teachers of the Emotionally Disturbed agree on both second and third choices. Whether the children represented are in classes or resource rooms they tend to be "unable to build or maintain satisfactory relationships" with others and/or frequently "display inappropriate behaviors."

In ruling out descriptors, all four teacher groups selected "inability to attend because of a generalized pervasive mood of unhappiness or depression," and psychosomatic illness as least likely ones. It appears either that there are few such children in Virginia or, if there are such children, they are rarely eligible for special education.

The third "least likely" description of child groups is relatively less clear for Learning Disabilities programs.

Table 11: Frequencies of Teachers' Responses to Grouping Descriptions[a]

Learning Disabilities				Emotionally Disturbed			
Resource		Class		Resource		Class	
Yes	No	Yes	No	Yes	No	Yes	No
Inability to learn in regular programs for reasons which cannot be explained by intellectual, sensory, or health factors.							
12		21	6	11	3	11	1
Inability to master verbal language communication as easily as non-verbal and visual learning tasks.							
7	4	15	5	3	3	2	5
Inability to build or maintain satisfactory interpersonal relationships with other children.							
2	6	8	6	10	2	14	
Inability to act with coordination, spatial relations, and rhythm, correlated with discrepancies in school achievement.							
4	5	10	8		7	1	8
Frequent display of inappropriate behaviors or feelings under normal conditions.							
2	4	11	6	12		16	
Tendency to develop physical symptoms, pains, fears associated with personal or school problems.							
1	13	1	19		6	2	11
Inability to maintain visual attention or to discriminate and integrate visual symbolic material in spite of higher verbal understanding and communication.							
9		19	5	5	4	1	6
Motivational disabilities.							
5	5	4	10	7	1	6	4
Inability to attend because of a generalized, pervasive mood of unhappiness or depression.							
1	12		23		6	1	7

[a] Teachers were asked to select three descriptions, as "most applicable" and three as "least." Varying numbers of responses were actually submitted.

The next most frequent "No" is each case drops to lower than 50% of respondent group. Among ED teachers it appears that children with spatial perception and rhythmic disabilities are unlikely to be served.

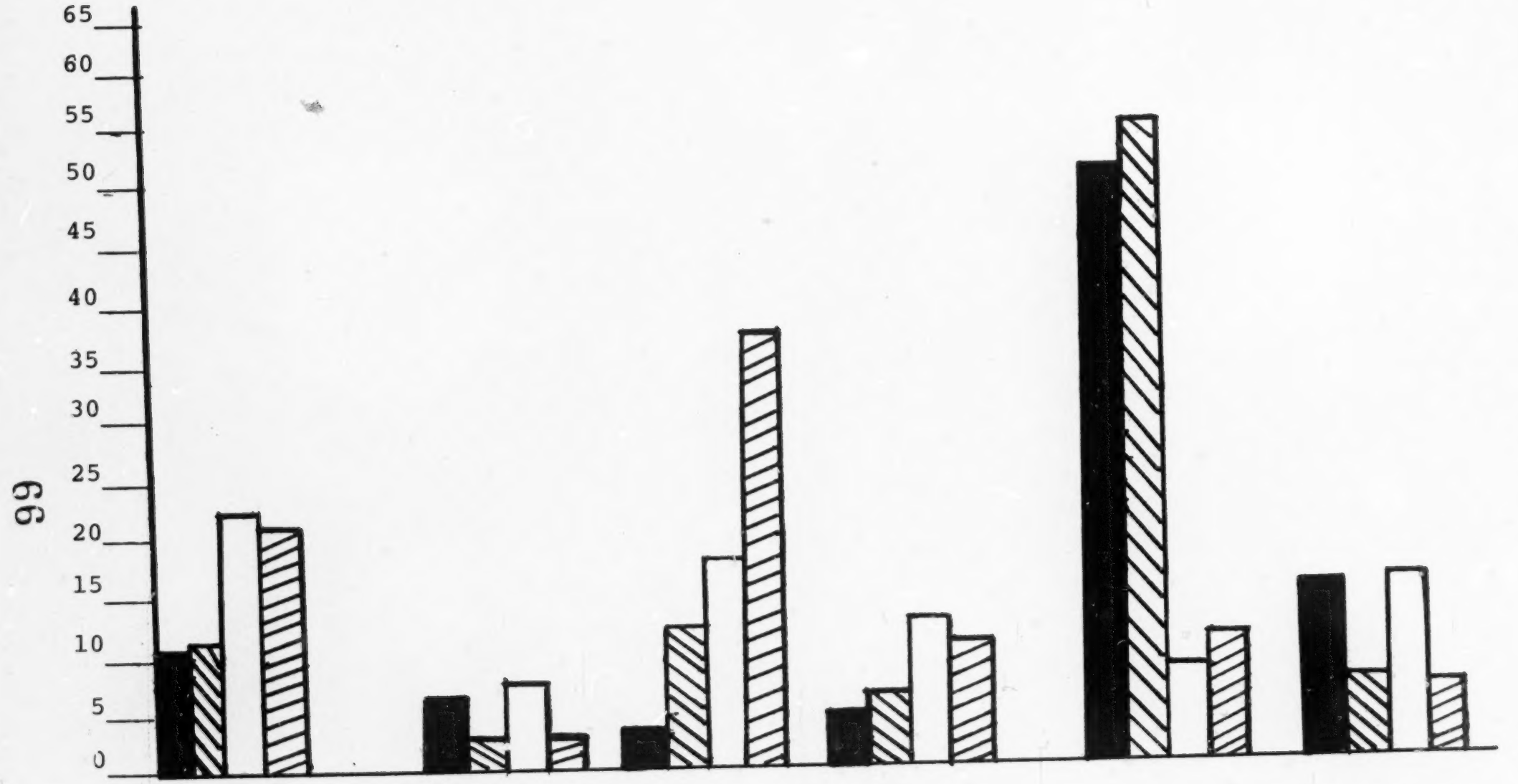
Child "Labels":

Referral procedures and diagnostics are largely system-determined and yet teachers have been found to be reliable in their identification of children who are handicapped (Bower, 1969). Teacher expectancies may also be influenced by their perceptions of children's problems. For these reasons, the survey questionnaire to the teachers included a section in which the subjects were required to distribute the percentages of the children taught into six categories. They were directed to make the count equal 100%. The terms used were the focal handicaps Learning Disabilities and Emotionally Retarded, Mentally Retarded, Socially Maladjusted, and School Disabilities. The last term was chosen to signify the lack of any "child" problem but rather a school-induced difficulty. It was felt that this would allow a teacher to assign children to one non-handicapped" category which inferred that the responsibility for the condition was professional.

Graph 2 shows the outcome of the forced-choice item. Some teachers chose not to complete the section and the group numbers were, therefore, adjusted. Reference should simultaneously be made to Table 12 for a study of the means against the standard deviations. It can then be noted that Learning Disabilities teachers, as a group, consider 56 % of their caseloads as primarily Learning Disabilities children. This is the highest mean reported and yet it seems low. However, the standard deviation (34.1) provides a key to individual teacher reports. The minimum response to that item was zero (n=1) while the maximum response of 100% had a frequency of five.

Among the smaller sample of ED Class teachers, the label "Emotionally Disturbed" was reported appropriate as primary handicapping condition for an average 39% of teaching loads. Coupled with the complementary label "Socially Maladjusted", which designated 14% of the average group, there is a total of 54% reached. This approximates the LD Class report for Learning Disabilities.

Among resource teachers in ED programs, the distribution of labels as indicative of primary handicap is more diffuse. The highest mean percentage is



Graph 2: Teacher Assignment of Labels to the Children Served, Shown in Mean Percents

Table 12: Teachers' Reported Percentages of Primary Handicaps served[a]

Label	Learning Disabilities Resource (n=15) $\bar{x}$	s.d.	Learning Disabilities Class (n=29) $\bar{x}$	s.d.	Emotionally Disturbed Resource (n=13) $\bar{x}$	s.d.	Emotionally Disturbed Class (n=16) $\bar{x}$	s.d.
Educationally Retarded	15%	15.1	11%	20.7	23%	18.1	22%	32
Mentally Retarded	5%	7.6	3%	4.9	9%	6.5	3%	4.8
Emotionally Disturbed	6%	7.5	14%	13.5	18%	13.5	39%	27.1
Socially Maladjusted	6%	7.6	7%	9.2	14%	13.7	12%	8.8
Learning Disabilities	52%	34.7	56%	34.	12%	13.4	16%	15.0
School Disabilities	16%	16.2	9%	18.5	16%	18.2	8%	9.1

[a] These percentages are from a "forced-choice" question in which respondents were required to make their own distribution equal 100%.

the assignment of the label "Emotionally Disturbed" by ED Resource teachers to 18% of their groups. Coupled, again, with "Socially Maladjusted" the caseload average reaches 32%. Both ED class and Crisis-resource teachers report over 20% of their caseloads as "Educationally Retarded." For LD teachers less than 12% are so designated.

It was indicated above that a group of teachers in Virginia known as Diagnostic-Prescriptive would be included in LD Resource data. It seemed pertinent to look at the percentages of children for the three DPT's completing this section. One assigned 80% of children to the category "Educationally Retarded". The next highest response to that category in the LD Resource group was 40%. Dropping the DPT's 80% response changes the mean percentage for the group from 15% to a mean response of 10%. No other DPT responses seemed as influential on the group responses. The only other notable responses occurred in School Disabilities with percentages of 40 and 25 from DPT's. However, another LD Resource assigned 60% of her caseload to the same label.

Prior Placements of Children:

Prior placements of LD and ED children differed before special class or resource teachers were made available. The EMR placement option was used by two of the systems with current LD programs, and six (50%) by those currently offering ED programs. A class for neurologically impaired was used as placement option for 33% of the LD systems, and 8% of the ED divisions. Remedial reading teachers were used by half of both the LD and the ED divisions. By far the most usual procedure was to retain the LD or ED child in the regular class or to use social promotion. Four systems with LD programs had excluded such children from school before opening classes, while nine of the ED programs had done so. Homebound instruction had been used by two systems with LD programs, and by eight of the ED programs prior to LD and ED programs. Since multiple placement options were exercised by various school systems, the total percentage of placements is well over 100% for any one school division.

THE ROLE OF THE TEACHER

Three distinct sections of the Teacher Questionnaire were designed to learn the nature of the services actually provided by LD and ED specialists within the schools of the Commonwealth to obtain comparisons of the actual roles with those suggested in the State guidelines.

Role Definition:

Both teachers and principals were asked to react to the appropriateness of state definitions of their roles as either Resource Teachers or as Class Teachers. The definitions, provided to both LD and ED teachers personnel were extracted from the definitions of those roles outlined in the Learning Disabilities sections of the state guidelines (Services to Exceptional Children, A Guide to Program Improvement Special Education Service, 1970). In each definition phrasing was established by breaking the definition after major verbs or concepts. The phrase, "provides emotional support to children; was inserted into the resource teacher definition to provide a broader base for those associated with ED programs.

The teacher respondents were asked to mark value from 1 to 5 indicated on a sliding scale, the similarity of the definition to the reality of the respondent's daily operation. The poles of the rating scale were marked "Not Like

Me" and "Very Much Like Me," respectively. Principals, however, were asked to mark each phrase of the appropriate definition according to the way "it <u>should</u> function."

The responses concerning Resource Teaching, see Table 13, show that the definition is at least adequate for both LD and ED. Few respondents refused the section and few who completed it left items incomplete. In most cases, the frequencies are higher at the "Very Like" end of the rating scale. Minor trends can, however, be noted. LD teachers, as a group, see themselves more associated with direct, specialized teaching services than do ED teachers. Considering that the group of responses "LD Resource" contains the responses of three "Diagnostic-Prescriptive Teachers" does not change the data significantly. One gave no response to the third item, "Provides emotional support to children" and there were two two's assigned item five, "serves more moderately handicapped children rather than severely handicapped." Another DPT response accounts for the single "Not Like" credited under "is a teacher and is instruction-oriented."

It is apparent that the responding principals are in agreement with the Resource Teacher definition as a job description. This does not indicate that they agree or disagree with individual teachers "as they function". Some conflict is suggested where principal responses support the definition and teacher responses do not.

Interestingly, the phrase concerning emotional support, which was added in particular for the ED group, brought as positive a reaction from the LD resource teachers and appears to be a very acceptable part of the role in the minds of principals.

A study of Table 14 reveals similar role definition data from Special Class Teachers and their principals. The teachers responded in terms of the role "as it functions" and the principals responded as they thought "it should function." There are several splits in the frequencies to be noted. LD class teachers as well as ED class teachers see their role as serving temporarily until a child returns to grade in about half of the situations. About half of the ED teachers have a portion of their day reserved for teacher and parent consultations as well as for record keeping and materials while only a third of the LD class teachers do. The heaviest disagreement of the practicing teachers with the definition lies in the phrase "has the help of a resource teacher for transition." This can be accounted for by the distribution of services in the Commonwealth. It has been shown above that the

Table 13: Frequency Distribution of Reactions to State Definition of "Resource Teacher"[a]

	LEARNING DISABILITIES						EMOTIONALLY DISTURBED					
	Not Like 1	2	3	4	Very Like 5	No Response	Not Like 1	2	3	4	Very Like 5	No Response
Is a teacher and is instruction-oriented:												
Teachers	1	1	1	2	8	1		2	5	4	3	
Principals			1	3	2		1		3		5	
Offers more indirect service to children than direct teaching:												
Teachers	3	2	4		4	1	2	2		5	4	1
Principals		1	2	2	1	1	1		2	2	4	
Provides emotional support to children:												
Teachers	1		3		9	1			1		13	
Principals		1		3	3		1			2	6	
Serves children who do not require full-day modification of program:												
Teachers			4	5	5		1	2	2	3	5	1
Principals			1	4	2		1		1	1	6	
Serves moderately handicapped children rather than more severely handicapped:												
Teachers	2	2			10		2		1	3	8	
Principals		1	1	2	3		1			1	7	

[a]Definition was adapted from that used for Learning Disabilities personnel in Services to Exceptional Children, A Guide to Program Improvement (Special Education Service, 1970).

[b]Subjects who failed to answer individual phrases of the definitions are shown. Those who ignored the entire section were deleted from the tally.

Table 14: Frequency Distribution of Reactions to State Definition of "Special Class Teacher"

	LEARNING DISABILITIES						EMOTIONALLY DISTURBED					
	Not Like				Very Like	No Response	Not Like				Very Like	No Response
	1	2	3	4	5		1	2	3	4	5	
Serves more severely handicapped children:												
Teachers	4	2	5	4	14		3	1	2	1	8	3
Principals	4		3	1	9		2		1	4	3	
Serves temporarily toward transition back to regular class:												
Teachers	6	4	6	2	10			4	4	2	7	1
Principals	1	1	3	5	6	1	2	1	2	3	2	1
Has the help of a resource teacher for transition:												
Teachers	13	5	6	2	1	3	10	2	1	2	2	1
Principals	3	1	3	2	7	1	3	2		2	2	1
Provides mostly direct teaching to children:												
Teachers			1	2	26	2			1	2	15	
Principals		1	2	2	12			1	1	3	5	
Has a portion of each day for indirect services (records, teacher consultation, parent consultation) and materials preparation:												
Teachers	3	4	2	4	14	3	3	3	3	1	7	1
Principals		1	2	3	9	2		1	2	3	4	

[a] Definition was adapted from that used for Learning Disabilities personnel in Services to Exceptional Children, A Guide to Program Improvement (Special Education Service, 1970)

[b] Subjects who failed to answer individual phrases of the definitions are shown. Those who ignored the entire section were deleted from the tally.

two options are only rarely available within any division.

Percent of Time Distribution:

A second section requested teachers to define their services by the percentage of time allowed certain selected activities. These included such services as the testing of children, conferring with other teachers, observing children, providing children with informal activities, and actual remedial or clinical teaching. There were nine selections and the respondent was instructed that the total response should equal 100%.

A study of Table 15 will reveal that there is little variance between the LD class teacher and the ED class teacher. In fact, in spite of the discrepant numbers of respondents, the means for each group are very similar. However, major differences appear to exist between the kinds of services provided by resource teachers in LD programs and crisis-resource teachers in ED programs.

Graph 3 is an effective way of noting the differences. It is readily apparent that the resource and crisis-resource teachers are strikingly different in the amount of time spent in "specialized or remedial teaching of children." The LD Resource mean is 46% while the ED Crisis-Resource teachers report an average of 25% time engaged in teaching. The LD Resource teachers' mean approximates that of both groups of classroom teachers.

The ED Crisis-Resource teacher spends that other 25% of time primarily by enhancing certain services offered by the other reporting groups. The means shown that the Crisis-Resource engages more often in conferences with other teachers and in informal activities with children.

Role Comparisons:

Another way to determine how teachers view their services was employed. On a five-point scale both teachers and their principals were invited to react to the similarities or differences between their roles and those of other supportive educational personnel. The list included selected terms such as Guidance Counselor, Curriculum Specialist, Reading Teacher, and Case Worker. There were fifteen in all. The respondents were directed to respond on a rating scale when the poles were labeled "Not Like" and "Very Much Like."(Refer, Table 16.)

Graph 3: Resource Teacher Activities

(Percent of Time)

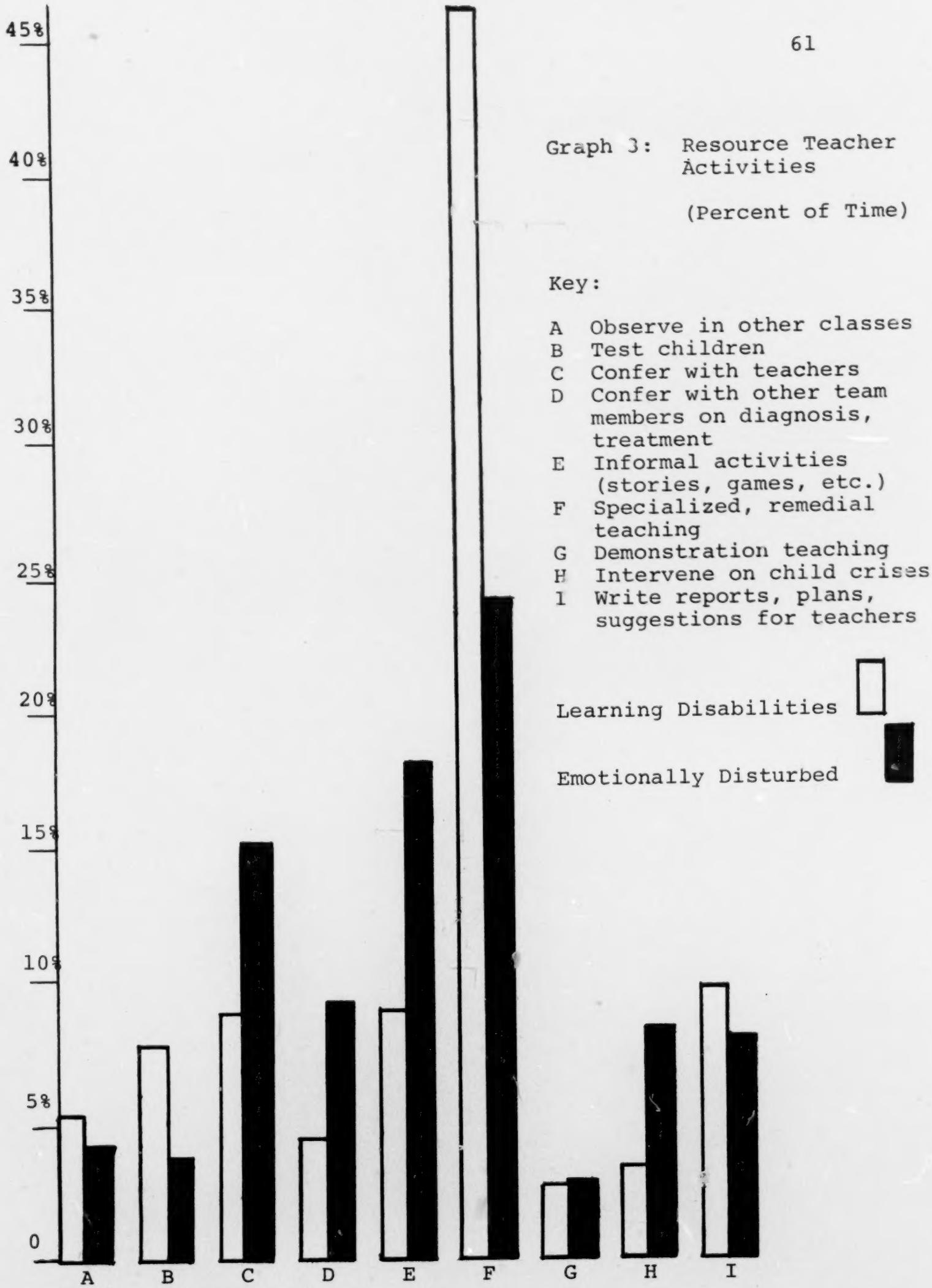


Table 15: Teacher Role Defined by Self Reports of the Percentage of Time Allowed Selected Activities

	Learning Disabilities		Emotionally Disturbed	
	Resource (n=14)	Class (n=29)	Resource (n=15)	Class (n=18)
1. Observing in other classrooms	5.4%	.7%	4.3%	.7%
2. Testing children	8.0%	5.9%	3.7%	6.0%
3. Conferring with teachers	9.1%	5.5%	15.5%	5.5%
4. Conferring with other specialists	4.5%	3.4%	9.6%	3.6%
5. Informal activities with children	9.4%	13.6%	18.5%	16.1%
6. Specialized or remedial reading with children	46.4%	50.4%	24.5%	48.4%
7. Demonstration teaching	2.8%	2.9%	2.9%	1.3%
8. Intervening on child crisis	3.4%	6.3%	8.6%	7.9%
9. Writing reports	11.0%	11.7%	9.2%	10.9%

There is, perhaps, unpredictable similarity in the views all four groups of teachers have of their roles. Except in a few cases, even resource and class teachers align. Similarly there is a high degree of concordance between teachers in the two special services programs.

Selecting elements of difference, one sees that the more teacher-oriented titles of "Teacher" itself, "Remedial Arithmetic Teacher", and "Reading Teacher" attract a high degree of response from all but the ED Resource Teacher. The latter further distinguishes herself with all group means falling at the scale mid-point or below it, except for "Behavior Modifier" and "Child Advocate". The ED Resource teacher is not distinctive against the other groups on those similarities, however, as the ED Class teacher edges slightly beyond in both cases and the LD Resource Teacher reports the highest correspondence of all groups to "Child Advocate."

Resource teachers in the two programs are lower than the class teachers in their relationship to the term "Remedial Arithmetic Teacher" and ED teachers, as a composite, appear to associate less than LD teachers with the term "Clinician".

No teacher group responded strongly to the terms "Visiting Teacher," "Psychologist," "Curriculum Specialist," or "Guidance Counselor". There is little variation between groups on those terms, too. The highest response was to "Guidance Counselor" but that only approached the scale mid-point.

The services of LD and ED personnel were also compared by principals' reaction to the same rating scale. A t-test of differences across the two samples was calculated relying on the procedures "robustness". There were no differences on any of the fifteen job titles for LD and ED teachers, as groups, from the principals' vantage point.

It would appear that the services offered by the teachers in programs for the Learning Disabled and for the Emotionally Disturbed in Virginia are not duplicated by other personnel. There are some similarities in the roles of these two groups.

Importance of Services Provided:

To discover which of the services offered by the teachers seemed important, a series of items was devised

Table 16: LD and ED Teachers' Own Perception of Their Roles Compared With Those Suggested By Other Personnel Titles

	CLASS ROOM TEACHERS				RESOURCE TEACHERS			
	LD (n=31)		ED (n=14)		LD (n=15)		ED (n=14)	
	X	S.D.	X	S.D.	X	S.D.	X	S.D.
Curriculum Specialist	3.1	2.4	3.4	1.6	2.8	1.8	1.5	.9
Reading Teacher	4.6	1.4	4.5	.9	4.2	1.1	3.0	1.4
Guidance Counselor	2.6	1.5	2.6	1.8	2.7	1.3	2.7	1.1
School Psychologist	1.6	1.0	1.4	.9	1.3	1.9	1.4	.8
Visiting Teacher	1.5	1.0	1.2	.5	1.5	.9	1.5	1.2
Teacher	4.8	.9	5.0	.0	4.7	.4	3.9	1.0
Behavior Modifier	4.3	.8	4.4	.7	3.3	1.3	4.3	1.1
Child Advocate	3.0	1.6	3.9	1.3	4.1	1.4	3.5	1.3
Case Worker	1.7	1.2	1.8	.8	2.3	1.5	1.9	1.4
Phonics Teacher	4.1	1.4	3.9	1.3	4.1	1.0	2.9	1.4
Gym Teacher	2.6	1.4	3.1	1.2	1.9	1.2	1.9	1.3
Remedial Arithmetic Teacher	4.1	1.5	4.3	1.0	3.3	1.9	2.5	1.3
Clinician	2.6	1.8	1.7	1.1	2.4	1.6	1.7	1.0
Speech Teacher	1.9	.5	1.4	.7	1.4	1.6	1.6	.8
Elementary Supervisor	1.0	.5	1.0	.0	1.3	.6	1.4	1.1

for rank ordering. The sets pertained to a) services provided teachers (five activities), b) services offered to children (nine items), and c) services provided to the "team" both in diagnostics and during treatment (10 items). Difficulties in analysis arose. Several of the respondents among teaching personnel and among the principals failed to follow a strict ranking procedure but entered one or more first choices, one or more second choices, etc., often leaving several of the teacher behaviors unchosen.

Entires in Table 17 show the mean responses and the standard deviations according to responding groups. Those who did not respond to any of the section were deleted.

Results of the analysis of the first section, "Services To Teachers," indicate first that about two-thirds of both ED and LD teachers see themselves involved in any one of the five activities. Then the first choice of all four groups is clear: "Serve as translator of team diagnostics and evaluation data to regular class teachers to accompany special services or during transition back-to-grade." Important to LD and ED teachers and to LD principals in second place is the coordination of special and regular class programs. ED Principals, however, placed the establishment of behavior modification programs in second place with a mean rank of 1.9. Their ranking of special and regular class coordination, with a mean of 2.6, was no less important than it was for LD Principals ($\bar{X} = 2.7$).

In the second section of nine items, "Services To The Team," the highest mean rank for any group is 3.0. That suggests that there is variation among the programs regarding teacher interaction with professional team members and less cohesion within the four respondent groups about the importance of the activities in which the teacher engages. LD teachers placed three activities at 3.0: "Provide educational evaluation and program recommendations to the diagnostic team," "Make recommendations for transition of children from grade to special services," and, "Maintain daily records of instructional success and child progress." LD principals also selected these as their priorities but placed daily record keeping distinctly in third place. ED Teachers also selected

Table 17: The Importance of Selected Teacher Services As Perceived by LD and ED Teachers and Their Principals

	LD Teachers (n=46)			ED Teachers (n=33)			LD Principals (n=26)			ED Principals (n=19)	
n[a]	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD
SERVICES TO TEACHERS											
Serve as translator of team diagnostics and evaluation data to regular class teacher to accompany special services or during transition back-to-grade.											
35	1.9	1.1	19	1.8	1.3	18	1.8	1.1	14	1.6	1.1
Assist teachers with daily lesson planning and preparation of special materials as required.											
30	3.3	1.0	17	2.9	1.3	17	3.3	1.3	13	3.9	.5
Provide demonstration lessons in regular grades.											
30	3.9	1.2	18	3.8	1.3	17	4.4	.7	13	4.7	.6
Assist teachers in establishing and conducting behavior modification programs for groups or individuals.											
28	3.0	1.2	18	3.1	1.2	19	2.7	1.3	14	1.9	.8
Coordinate special and regular class programs.											
33	1.9	1.1	17	2.3	1.5	19	2.7	1.4	14	2.6	.9
SERVICES TO THE TEAM											
Serve as feedback agent to a variety of team diagnosticians variously involved with a child's total educational plan.											
30	3.0	1.7	20	4.2	2.4	23	2.9	2.2	.5	2.9	1.6
Make recommendations for transition of children from grade to special services.											
32	4.6	2.6	19	4.6	2.7	18	6.2	2.5	16	4.3	2.2

[a]All entries for n are adjusted to the actual number of responses received within the respondent group. (See text for explanation.)

Table (continued)

LD Teachers (n= 46)			ED Teachers (n= 33)			LD Principals (n= 26)			ED Principals (n= 19)		
n	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD
SERVICES TO THE TEAM											
Make recommendations for children to return-to-grade.											
34	4.1	2.1	20	4.4	2.6	26	4.2	2.1	16	4.4	2.7
Visit children's homes for needed home environment information necessary to curricular modification.											
28	5.9	2.7	18	5.6	2.3	16	6.3	2.5	16	6.9	2.5
Assist central administration with choice of educational placements.											
31	4.1	2.6	20	4.2	2.8	22	5.8	2.2	16	6.0	2.4
Assist parents in understanding school program and in providing corresponding home management and training.											
36	4.1	2.6	19	4.5	2.2	25	4.0	2.1	16	4.1	2.3
Maintain daily records of instructional success and child progress.											
35	3.0	2.1	21	3.6	2.7	25	3.7	2.7	14	5.2	3.4
Confer with parents to establish understanding of the need for special education intervention.											
33	4.5	2.1	20	3.6	2.1	25	4.1	2.2	16	4.3	2.4
Provide educational evaluation and program recommendations to the diagnostic team.											
33	3.0	1.9	18	3.7	2.5	20	3.1	2.3	16	3.8	2.1
SERVICES TO CHILDREN											
Assist in regular re-evaluation with Supervisor of progress made and suitability of educational plan for a child.											
33	3.9	2.6	19	5.5	2.6	22	3.7	2.0	17	4.2	2.7

Table (continued)

LD Teachers (n=46)			ED Teachers (n=33)			LD Principals (n=26)			ED Principals (n=19)		
n	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD	n	$\bar{X}$	SD
SERVICES TO CHILDREN											
Provide child transportation to health services and to diagnostic team members as necessary.											
22	7.2	2.6	19	8.5	2.8	10	8.8	1.6	15	9.5	1.1
Confer with teachers on the progress of children previously served.											
31	5.0	2.0	19	5.9	2.8	24	5.5	2.0	16	4.9	2.5
Visit classes to observe previously referred children.											
27	6.1	2.1	19	6.8	2.2	20	6.3	2.3	16	5.9	2.6
Provide relief activities to children who cannot abide a full day in regular class pressures.											
23	5.4	2.3	20	4.9	2.9	22	3.8	2.3	15	4.9	3.2
Implement specialized instruction on full-time basis for children whose handicapping condition require significant modification of the regular class program.											
23	3.1	2.6	17	2.1	1.5	17	3.7	3.3	15	4.6	3.3
Provide direct help to indiviual children on a crisis basis (schedule is by the crisis, not by the clock).											
24	4.8	2.6	20	4.4	2.7	23	3.7	3.3	16	5.6	2.8
Implement specialized instruction on a part-time basis for children whose handicapping conditions require significant modification of the regular class program.											
35	2.7	2.1	19	3.0	1.9	19	3.3	2.1	16	2.9	2.1
Plan and develop materials prior to individualized instruction.											
41	2.8	1.5	22	3.4	1.8	28	2.8	1.5	15	4.7	2.5
Evaluate child's educational strengths and weaknesses.											
39	2.4	1.9	22	3.1	1.7	28	3.1	2.0	17	4.1	2.3

three services nearly as first place ties. Two are the same as those chosen by the LD Teachers, daily record keeping and the provision of educational evaluation to the team (group means of 3.6 and 3.7, respectively) but selected "Confer with parents to establish understanding of the need for special education intervention" as the tie in first place (X = 3.6). ED Principals agree, generally, with the teacher groups' choices, except that they assigned record keeping a mean rank of 5.2.

Greater between group differences can be seen in the section concerning "Services To Children." There were ten items and the LD Teachers placed three services in within the range of 2.4 to 2.7 range. These are the evaluation of a child's strengths and weaknesses, implementation of specialized instruction on a part-time basis, and the planning and development of materials before individualized teaching.

ED Teachers, however, assigned their first rank to the implementation of full-time specialized instruction (X = 2.0) for children whose handicaps "require significant modification of the regular class program." In second position the ED Teachers placed "implement specialized instruction on a part-time basis...". It is probable that this results from the manner in which the teachers responded to the rank order question. It can be noted that from a respondent sample of 33 ED Teachers, 17 and 19 answered the two items. Consequently, the mean ranks reflect the division of the group itself by special class and resource teaching assignments. The group's third positioned activity, "Evaluate child's strengths and weaknesses," had 22 responses and a mean rank of 3.1.

The highest mean rank assigned by ED Principals in this section was 2.9 for the implementation of part-time instruction of handicapped children. Evaluation and reevaluation of children was their second choice and, then, in third position, with a mean rank of 4.2, the ED Principals placed "Assist in regular re-evaluation with Supervisor of progress made and suitability of educational plan for a child." While this was that group's third choice, it should be noted that both LD respondent groups assigned it a higher mean rank. For LD teachers the mean was 3.9; for LD Principals it was 3.7. Only the ED Teacher group saw the re-evaluation item significantly lower, assigning it a mean rank of 5.5. All standard deviations on that item exceeded two.

LD Principals ranked the items roughly the same as did the LD Teachers, leading, however, with the planning and development of teaching materials.

Resource Coverage:

Resource teachers, only, were asked to complete a section of the questionnaire concerning the numbers of persons contacted and served in a variety of ways. Items included conferences with parents, other teachers, diagnosticians, evaluations of children both educational and psychological, and teaching caseloads. The data, shown inTable 18, provides information from the returns of the resource teachers. An adjusted "n" is entered throughout the table because of the wide variance of reports. Minimums and maximums are also listed to share the diversity of response on every activity. (There is little information in the means although they are tabled.)

Some of the resource teachers reporting from each area have engaged in every activity suggested, including "individual psychologicals." Some variation between the programs exists: the differential shown above in "Percentages of Time" concerning direct, specialized teaching is revealed again in this count of numbers served. Behavior modification, however, has ED with approximately the same numbers of children. Crisis intervention, however, does again differentiate the two services. While the same numbers of teachers, LD and ED, report having been involved in child crisis, the LD teacher does not report the same degree of involvement.

It is also revealed that neither group of teachers engages in screening of groups of regular class children. The item, "I have seen x children in classes for screening," was answered by only 8 of the possible 30 teachers. The numbers of children seen and screened ranged from six to 53. Considering that the average class size approximates 30, or in primary grades 25, there is little screening for early intervention occurring.

It is apparent that teachers understand concepts such as educational evaluation differently or are being used very differently in school divisions. It should also be considered that the highest adjusted "n" is nine; the numbers of respondents in each group was 15. Six LD teachers provided no data and eight ED teachers failed to respond here.

Teachers' Professional Awareness:

Table 19 provides a tally of teacher responses to six questions designed to discover how these specialists feel about Special Education in light of their newer

Table 18: Resource Teachers' Report of Services Provided [a]

	LD RESULTS (N=15)				ED RESULTS (N=15)			
	n	X	Min.	Max.	n	X	Min.	Max.
I have seen x children for educational evaluation	9	73.6	9	150	6	41.3	5	88
I have seen x children for individual psychologicals	2	25.0	25	25	2	18.0	15	21
I have seen x teachers on case referrals	9	62.7	3	150	5	39.4	17	75
I have seen x children in classes for screening	5	29.8	6	53	3	23.0	11	40
I have seen x children for diagnostic teaching	8	56.8	7	110	6	24.2	3	84
I have seen x children for tutoring or small group remediation	7	48.3	12	110	7	33.0	14	60
I have seen x team diagnosticians for consultation	7	9.9	5	28	6	9.3	1	30

Table 18: Resource Teachers' Report of Services Provided (continued)

	LD RESULTS (N=15)				ED RESULTS (N=15)			
	n	X	Min.	Max.	n	X	Min.	Max.
I have seen x other treatment specialists for consultation	6	6.5	1	20	7	8.1	2	35
I have seen x parents	9	14.0	4	39	5	12.3	2	35
I have seen x teachers for coordinating classroom modification with remediation	8	26.3	5	80	5	20.8	3	63
I have seen x teachers for child "exit" interviews	5	12.2	1	30	4	9.5	3	22
I have seen x teachers to share diagnostic reports	9	63.2	5	150	6	13.5	3	74
I have seen x teachers re behavior management	7	11.3	4	24	5	13.2	3	26
I have seen x children for crisis intervention	6	8.3	2	15	6	18.7	4	50

[a]"n" was adjusted in each item so that teachers who did not report having offered a service would not distort the mean.

roles in the field. It was also designed to learn what as professionals in Special Education in Virginia they knew of the State minimums for exceptional child services.

It is readily apparent that the teachers, as a group, consider themselves Special Educators. In two cases of ED Resource they are to their colleagues although they themselves do not think so. However, only 17 of 54 teachers answering the item report having a copy of the State guidelines. Since questions 4 and 5 concerned the recommendations of the Special Education Service on Advisory and Admissions Committee, those responses are also heavily negative. It would appear that these teachers are inadequately prepared to perform their roles fully in the public schools.

Three questions were asked only of teachers in Learning Disabilities programs because they pertained to the system for reimbursement introduced with the expansion of Special Education to include these programs. Desired responses were dependent upon each teacher's having acquired and read the State guidelines for Special Education Services or receipt of information from a knowledgeable informant. (It has been shown above that exposure to the State manual on Special Education has been poor.)

In this block of answers, 18 of the 40 teachers who completed other parts of the page did not check any response.

Among the LD Resource teachers who did respond (n=10), more than half knew nothing about State-local reimbursement procedures, did not know that individual child records are to be kept for State follow-up, and did not know that regular re-evaluation of each child is expected no less than every six months.

A similar situation exists among LD class teachers. From 11 who responded, 7 admitted knowing nothing of reimbursement procedures. Those same teachers did not know about follow-up of case records or of the six-month evaluation expected of LD placements. Interestingly, however, three teachers responded that they have known about these requirements for more than one year; in one case, a teacher reports having known about the requests for three years.

The response of one teacher who had not known any of the requirements investigated seems worth sharing. A teacher in a federally-supported program, assigned to the LD Class group in the survey, wrote that an Advisory Committee "sounds like a great idea. Am surprised there

Table 19: Professional Awareness of Responding Teachers

	LD Resource (n_1=15)		LD Class (n_2=32)		ED Resource (n_3=15)		ED Class (n_4=18)	
	Yes	No	Yes	No	Yes	No	Yes	No
Question 1: *Do you consider yourself part of Special Education?*	14	0	29	2	10	3	17	0
Question 2: *Do your colleagues?*	10	4	28	2	11	1	17	0
Question 3: *Do you have a copy of "Services to Exceptional Children, A Guide to Program Improvement"?*	6	8	6	21	4	10	1	15
Question 4: *Do you know there should be a Local Advisory Committee?*	4	9	3	21	3	10	2	13
Question 5: *Do you know that an Admissions Committee is recommended?*	5	7	8	18	4	8	3	12

is none (sic.)." Further, the teacher expressed the belief that any program must be planned first, and "recognized all of the above as part of Special Education--not necessarily as being done in order to receive operating funds, though of course we can't fill special needs without funds."

Teacher Credentials

Both ED and LD resource and special class teachers have had similar backgrounds, especially in elementary education. Each kind of teacher apparently has had some training specific to her specialty, or related to the skills needed for the specific assignment, although training procedures and courses differ considerably. The data did not indicate that the training meets State endorsement requirements.

Student teaching or practicum was done mostly in the areas of primary and elementary education. Only five of the 33 ED teachers reported practicum experience in their specialty. Two LD practicum experiences and three ED practicum experiences were reported from 47 LD teacher respondents. Of the total number of teachers, eight reported EMR practicums.

Most ED and LD teachers had had experience in the primary grades. Very few of either kind of teacher reported experience with upper elementary or secondary children prior to their assignment to ED or LD programs.

Table 20 summarizes the training of both LD and ED teachers. A value index was calculated for each course of instruction, using the 5 point rating scale designed for the questionnaire. Responses were weighted by the number of teachers responding and by the value selected. The value index thus represents a weighted mean of ratings for the courses.

LD resource teachers consistently rated high courses concerning testing and diagnosis, reading and language disorders, and characteristics, curriculum, and teaching of LD children. LD class teachers most valued courses that had to do with reading disorders, diagnosis, and characteristics, curriculum, and teaching of LD children. Both groups also favored courses dealing with group process, teaching the emotionally disturbed child, and psychology of exceptional children. Least valued were courses of less direct help: philosophy of education, learning theory, etc. Also of less value were elementary art, music, and literature.

Table 20: Academic Background of LD and ED Teachers

Course Titles	Learning Disabilities Resource (n=14) Adj.	n	Value Index	Learning Disabilities Class (n=33) Adj.	n	Value Index	Emotionally Disturbed Resource (n=15) Adj.	n	Value Index	Emotionally Disturbed Class (n=18) Adj.	n	Value Index
1. Intro. to Educ. of Excep.	11		4.36	20		3.55	7		3.00	9		3.78
2 Psychol. of Excep.	10		4.80	12		4.16	5		2.60	8		4.00
3. Teaching Methods-Elementary Grades	9		3.21	17		3.48	6		3.00	8		2.50
4. Teaching of Reading	14		4.29	32		3.79	7		3.28	10		3.30
5. Teaching of Science	8		3.00	10		2.80	4		3.75	2		3.00
6. Teaching of Elementary Arithmetic	11		4.10	16		3.31	5		2.20	4		2.50
7. Teaching PE, Health	11		3.82	14		2.58	5		1.60	3		2.00
8. Teaching Language Arts	8		3.72	13		3.54	3		3.33	3		1.33
9. Behavior Modification Techniques	5		3.80	10		4.00	3		3.00	5		4.00
10. Educational Psychology	13		3.62	23		3.18	10		2.90	8		3.12
11. Principles of Learning	7		3.42	11		4.36	2		3.00	5		3.20
12. Learning Theories	5		2.00	8		3.50	4		3.25	3		2.67
13. Human Growth & Development	13		3.38	23		3.13	8		2.75	9		3.21
14. Child Development	9		3.44	20		3.55	7		3.71	12		3.72
15. Adolescent Development	3		3.67	13		3.16	2		3.50	8		3.38
16. Philosophy of Education	10		2.20	19		2.68	8		2.12	6		3.16
17. Sociology of Education/ Sociology	10		2.30	16		2.25	4		2.00	3		2.67
18. Public School Administration	3		4.00	3		2.33	0		0.00	1		3.00
19. Tests and Measurement	11		4.10	23		3.79	8		3.28	10		3.30
20. Individual Psychological Testing	1		5.0	8		3.50	1		4.00	1		3.00
21. Psychoeducational Diagnosis	9		4.89	10		4.10	2		5.00	1		4.00
22. Teaching the MR	7		4.14	6		2.82	1		3.00	3		3.67
23. Teaching the ED	5		4.00	11		4.26	5		4.00	9		4.33
24. Characteristics of MR	10		3.80	8		3.00	2		3.00	3		3.33
25. Characteristics of EDC	6		3.50	15		3.86	2		5.00	11		4.18
26. Abnormal Psychology	6		4.00	12		3.25	7		3.72	10		3.60
27. Mental Health	4		4.50	14		3.07	5		3.00	8		2.87
28. Remedial Reading	9		4.45	19		4.16	4		3.00	3		3.67

Table 20: Academic Background of LD and ED Teachers (continued)

Course Titles	Learning Disabilities Resource (n=14)		Learning Disabilities Class (n=33)		Emotionally Disturbed Resource (n=15)		Emotionally Disturbed Class (n=18)	
	Adj.n	Value Index	Adj.n	Value Index	Adj.n	Value Index	Adj.n	Value Index
29. Reading Diagnostics	6	4.50	8	4.50	1	3.00	0	0.00
30. Remedial Reading Practicum	6	4.66	6	4.33	0	0.00	0	0.00
31. Language Disorders	5	4.60	7	4.28	0	0.00	0	0.00
32. Speech Correction	5	4.40	3	3.67	2	2.50	2	2.50
33. Language Disabilities Clinical Pract.	2	5.00	2	5.00	0	0.00	2	3.00
34. Early Childhood Education	4	3.75	5	3.80	3	4.00	2	3.00
35. Children's Literature	9	3.33	14	2.93	7	3.00	5	3.40
36. Art in Elementary School	10	2.80	13	2.62	6	3.67	5	2.40
37. Arts and Crafts	5	3.00	13	3.23	5	4.00	3	4.00
38. Music in Elementary School	8	3.00	16	2.12	6	2.50	2	3.00
39. Elementary Supervision	2	4.00	2	0.00	0	0.00	0	0.00
40. Group Process	2	4.50	1	4.00	3	3.67	1	5.00
41. Teaching LD Children	5	4.80	9	4.55	2	4.00	5	3.20
42. Elementary Curriculum	5	4.60	7	2.86	1	3.00	2	2.50
43. LD Curriculum	6	4.82	5	4.80	1	5.00	2	4.00
44. Characteristics of LD	10	4.50	14	4.50	1	4.00	4	3.50

ED resource teachers most valued courses having to do with psychological testing, characteristics and teaching of ED children, early childhood education, arts and crafts, and teaching and characteristics of LD children. ED special class teachers placed most value on psychology of exceptional children, behavior modification techniques, teaching and characteristics of ED children, arts and crafts, group process, and LD curriculum. Both groups placed less value on elementary teaching methods, language arts, speech, and sociology.

Administrative Support of Programs

Teaching Equipment:

One method of determining administrative support of the Learning Disabilities and Emotionally Disturbed programs used in the survey was the collection of teacher data on classroom space, location, and adequacy. Teachers were also asked to describe the nature and extent of teaching equipment and materials they have been provided.

Teachers responded pertinently to questions about the physical plant and the equipping of their rooms to provide special service programs. It appears that the program initiated under federal funds fares better than that begun solely under State-local reimbursement plan.

In general, the teachers are pleased with the size of their assigned classrooms which in the case of resource teachers tends to be smaller than the average classroom. (Four, only, report a larger than the average class and one reports "same as".) Only 16 of 79 reporting expressed dissatisfaction with the size. Nine of these were special class teachers of whom one-third are in smaller than average rooms.

Twelve of the reporting teachers were consulted prior to the modification of classrooms for their programs and interacted on specifications for adaptation. Of the LD rooms 21 classes and four resource rooms were apparently not modified in any manner; five ED classes and six resource rooms were similarly unchanged. Other rooms (n=17) were modified according to the supervisor's or someone else's specifications.

The convenience of restrooms appears satisfactory to LD Resource teachers and to ED Class teachers. Two

ED Resource teachers find them inconvenient and five of 33 LD Classes are located far from these facilities.

More importantly, nine of the LD classrooms, three ED rooms, and five resource rooms are located near noise centers such as band room or gymnasium or in basements. Half of the LD classrooms but none of the ED classes report having running water in their rooms.

From the equipment and materials present in the class rooms and in the buildings in which reporting programs are located, there appears to be more administrative support of this nature for LD self-contained rooms than for either resource position or for ED classes. Scanning of the tallies indicates that between one-third and one-half of the programs are equipped with basic audio-visual machinery including listening station, record player, and cassette and/or tape recorder. Half of the special classes, however, must share tape recorders with other personnel in their buildings.

It should be noted, however, that this leaves one-half of every group sharing recorders (tape and/or cassette) with other building personnel. It leaves unanswered whether the equipment, reported as "in the building," is actually assigned to another class or program. Availability in terms of ease of request and duration of loan was not requested. Film strip viewers and movie projectors are, as is typical, also available in most school buildings. Only three teachers reported their unavailability.

Language masters, while available within 50% of the schools, are actually assigned only in eight LD classes, two ED classes, six LD Resource rooms, and two ED Resource rooms.

Teaching materials are usually available within the confines of the school building, except for the more specialized teaching tools for perceptual and perceptual motor training. Scarcity of language teaching tools was also reported.

Probably the most meaningful view of the provisions of materials to accomplish the special service program is that provided by the teachers in a section designated "Not available, Would Like." Major equipment (language masters, listening stations, and individual filmstrip viewers) is still needed by one-third to more than half of the teachers. Scattered returns indicate general satisfaction on the part of resource teachers and ED Class teachers for most other types of teaching materials.

LD Class teachers, however, in 25% or more instances, request a wide range of supplies and materials including reading, math, and science labs, as well as perceptual training kits (e.g. Teaching Resources materials).

Isolated needs are significant. Clusters of special class teachers mention need for texts, reading materials, and science equipment. It would appear that an initial program is frequently relatively well supplied with handicraft and readiness materials but may be neglected in the more academically oriented teaching tools.

Ancillary Services:

A slightly different view of administrative support and acceptance of the special services offered under the guise of Learning Disabilities and Emotionally Disturbed was provided by a section of the Principal's Questionnaire seeking information about time lapse between referral and diagnostics and between diagnosis and implementation of services. It was a section with few returns: 13 principals left the section blank.

From the data filed, it is suggested that diagnostic assistance is more readily available than treatment. Some school divisions have psycholgical services available within a week of referral, most can receive individual psychologicals within a month. Psychiatric referrals take longer and are least known by principals. A few report only that these are handled by Child Guidance Centers without comment on length of time. A few others reported that time "varies." The time responses submitted ranged from one month to four. Social case work requires two weeks to a month. Medical examinations take about the same time. It is interesting that "screening by a nurse for vision" takes just as long in some areas of the state, but most often can be accomplished within a week.

Parent permission is indicated as necessary for much diagnostic referral and "parent responsibility" was mentioned several times. In two reports, parents were designated responsible even for screening examinations for vision and hearing. In one report a principal noted for the survey that psychiatric referral is a responsibility of parents and, consequently, it "may never happen."

An LD Class principal reported that perceptual-motor screening is accomplished every September. This was the only program for early intervention found.

Table 21: Other Kinds of "Special" Personnel in Buildings

		Guidance	Remedial Reading	Occup. Therapy	Kinesthe-siologist	Physical Ed. Spec.	Other
LD Class (27)	Part time	0	14	0	1	17	16[a]
	Full time	6	6	0	0	8	7[b]
ED Class (17)	Part time	0	5	0	0	9	5[c]
	Full time	5	5	0	0	4	5[d]

Examples of "Other" resources are:

a. Band, language consultant, Speech and hearing therapist, music, art

b. Language specialists, diagnostic teacher, librarian, unassigned teacher

c. Speech, social worker

d. Unassigned teachers

Most divisions report waiting lists for services in LD and ED classes. These numbered as high as 50. Resource classes teacher services in certain areas, even where there are programs operating are already placing referrals on "waiting lists." One principal reported a delay of a year for resource programs. Class placement was usually answered with "varies" or "when there's an opening."

Other services are also insufficient. Several reports remarked low availability of remedial reading, e.g., "classes a "are set up once every several years," and "none." Of speech, a principal remarked, "classes are set up for September, rarely change."

Teachers were also asked to report on the other special services available to the children they serve. These are frequently mentioned in the literature as particularly important to Learning Disabilities programs. Table 21shows the returns. It appears that LD and ED programs are often an isolated special service program.

Research on Programs:

Provisions for child research differed between LD and ED programs in systems. Outside personnel could obtain permission to gather data in 87.5% of LD systems, and in 75% of ED systems. An ongoing procedure for collecting descriptive data is routine for 87.5% of the LD systems, and in 58% of the ED systems. More sophisticated routines and facilities for research are characteristic of twice as many systems with LD programs as ED programs. A high percentage of systems give standardized tests for ongoing evaluation.

CHAPTER 4

SUMMARY AND DISCUSSION

The survey of public school programs for children with learning disabilities was undertaken late in the spring of 1971 to gather information about programs during the first year of State reimbursement for special services in local divisions under the auspices of Special Education. Simultaneously, information was requested and collected from school divisions offering reimbursed services to the emotionally disturbed. A comparison of results of the investigations, presented in Chapter 3, includes information from superintendents, principals, and teachers. The topics considered comprised demographic information, the nature of the children served, the actual function of the teachers' roles, referral and placement procedures, and administrative planning and operation of programs.

Fewer practicing teachers were actually located in both programs than were originally reported by the state directory. It was more difficult to locate every principal responsible for programs. The final sample included central administration reports from nine divisions with learning disabilities programs and from 13 divisions which operate programs for the emotionally disturbed. Teacher responses were received from 70% of the identified LD teachers and from 53% of those located and working with ED services. Of the principals identified, the sample reached 61% in LD and 50% in ED.

The following discussion of the results of the questionnaire survey is organized by the questions upon which the investigation was based.

Question 1: Are administrative practices used for initiating learning disabilities programs related to the types of programs offered?

The question cannot be clearly answered at this time. There is evidence of some careful planning of these newer special service programs yet some gaps in planning were also reported. Only one school division formally introduced the LD program to all division faculty; only one included central administration in its in-service plan; and only one reported that non-teaching personnel were part of the in-service offerings.

The use of consultants was frequent but the specific contribution, reported in percent of influence, was not high. Program goals are generally determined for the services but the dearth of recruitment of experienced or trained personnel, the inconsistencies in diagnostic practices, and the scarcity of cooperating ancillary personnel raise the question of whether such goals can reasonably be met.

Most of the LD programs have been located administratively under Special Education. There were two exceptions reported. It is particularly notable, then, that not a single division reported that Special Education personnel were included in in-service education on opening of the newer services. Since these programs are designed for handicapped children who, according to the division reports, have been previously placed into other special education programs, this neglect seems outstanding.

In approving permissive programs for learning disabilities under Special Education, the State Board of Education initiated new administrative practices. It is required that school divisions submit plans for the use of personnel in these programs to the State Department of Education prior to approval for reimbursement. These plans must also include assurances that certain other services are available for the support of the programs and for the adequate assistance of the handicapped child.

These procedures are distinct in design from the traditional reimbursement procedures whereby school divisions receive funds on the basis of a report of the numbers of handicapped children served. The change was particularly necessitated because of the approval of the resource teacher concept whose services were seen to be more indirect (that is, service to the handicapped child is provided through the regular class teacher) than direct and whose children would not be dropped from the registers of regular classes.

Reports from the field indicate some confusion about the new method of reimbursement. The guidelines, were released too late for effective planning to follow, let alone teacher recruitment and employment. Consequently, programs were developed only in those divisions whose learning disabilities children were already recognized and where planning had been initiated without State assistance. In some cases services have been fully supported by local funds and/or federal funds.

It would appear that the local divisions would benefit from the definition of the particular procedures by which plans for learning disabilities programs are to be submitted and approved. One division was not clear, in May of the school year, as to whether its plan had ever been "officially approved."

Services for children with learning disabilities which have been initiated under federally-supported projects do not all reflect the patterns of personnel use recommended by the State. Three of these operate in special centers with children being temporarily transferred into the center (similar to a special class) for stipulated periods or with the children coming to the center for services for part of the school day. The second pattern would be similar to that of the resource teacher except that the programs require transportation and the teachers, regular grade and resource, are not in close physical proximity.

The influence of federally-supported projects on the adoption of the resource teacher model was also noted. Two factors are involved: federal funds were available for learning disabilities prior to the State Board of Education approval of similar programs, and the competitiveness by which federal projects are acquired. It can also be considered that the use of consultants, with costs reaching as high as $4,000, may assist divisions in learning to use the newer teacher model.

Since most federal grants are awarded with the intention of dissemination of results, the state would benefit from a thorough study of the projects, particularly where the use of the teachers differs from the state description.

Another administrative factor in the development of programs that was apparent from returns is space. Not a single principal was otherwise negative on program expansion. School enrollment patterns may also influence the use of buildings for special schools or centers.

Supportive services apparently vary considerably even within school divisions. A second factor evident is that federal support assists in the provision of more complete team diagnostics and of ancillary services. Third, the farther a division is from one of the state hospital clinic centers, the less available are in-depth diagnostic personnel.

Further study is also necessary on the function of local Advisory Committees and admissions committees.

Few local divisions represented in the survey have Advisory Committees to the respective school boards on education of the handicapped. Yet reporting divisions are the ones participating in the newest of the special education programs. In divisions with Advisory Committees, even those of three years duration, there was no evidence submitted of effective use of advisors in planning or in evaluation of services.

While every division reports the use of Admissions Committees, there is very little evidence from reporting principals or teachers of their actual role. Referral patterns vary widely and teachers express concern about some placements.

Further study of both of these kinds of committees would be worthwhile. If the State is to recommend the establishment of advisory groups and the use of Admissions Committees, there is a need for other divisions to know how to form them, and, most importantly, how to use them for the improvement of services to exceptional children. Perhaps the state could provide additional directions on objectives, membership, content, and methodology.

Question 2: Are administrative practices related to the type(s) of Emotionally Disturbed programs offered?

The factors discussed above relate quite similarly to programs for the emotionally disturbed. Even though they are somewhat older in Virginia than LD programs, there are surprisingly few established programs. There are also few residential facilities: two state residential schools and one state short-term residential program. The question left is "Where are the children?"

Looking at the data from school division with existing services for the ED child, one can see that retention, exclusion, and home-bound teaching had been common practices prior to the initiation of special education services. With 17 divisions offering special services, the children in 117 divisions are apparently not served. It is suggested that numbers of these children are over-age in the grades or are being socially promoted, or are out of school.

Another option, open to those families who can afford it, is private education. The participating

school divisions did not report the numbers of their children who are being educated privately under either Special Education Scholarships, or the Seriously Handicapped and Aphasic Fund. There is a need to determine the true needs of the emotionally disturbed to plan better and to plan long-term goals to meet their needs.

That careful planning is essential to quality services was attested to by those divisions which reported the discontinuation or abortion of programs. One is reminded, too, of the LD Committee statement that excellence of services for special children requires quality level services of education for all children.

Whereas the State of Virginia has included the concept of the crisis teacher in its plan for administration of programs for the Emotionally Disturbed since the inception of those services, the role has not yet been well tried. There appear to be few crisis teachers in the state. In addition, the model has evolved into a variation of the original crisis teacher, designated in the survey by crisis-resource. This role is the one being adopted by most local divisions. It was found that the definition of Learning Disabilities Resource Teacher is compatible with those teachers.

Federal funds are an influence on divisions' trying the resource type position and the center concept.

Newer programs do not have the heavy psychiatric orientation of the ones initiated in the beginning of state reimbursement. However, it would seem that the development of consistent, substitute diagnostics and on-going support to the teacher has not fully developed. In some school divisions the teachers are not permitted to read the psychological reports. It is assumed that these are, therefore, verbally shared with her.

The teachers, as a group, do not consistently view the children with whom they are working as primarily "emotionally disturbed." There may be reasons for that other than inappropriate services. First, the data is provided by approximately half class teachers and half crisis-resource teachers. The resource teacher would be expected to serve the more moderately handicapped child. Secondly, the trend today appears to be away from labeling child problems as much as possible. Third, since diagnostics are not universal, even within a division, the true nature of a child's problem may not be known. For these reasons, a teacher's reticence to assign an originally medical label to children can be expected.

Mention of secondary programs is necessary. Only one teacher was located for LD, but several were in ED. Some of these are special school centers and a few are serving as Crisis-Resource in regular school buildings. A higher proportion of these youngsters appear more handicapped and the leadership of ED personnel in assisting those youngsters to accomplish high school credentials is remarkable.

3. What are the operational definitions utilized in local school divisions for Learning Disabilities and Emotionally Disturbed? Do these vary in accord with the number of child placement options available (ED - special class, crisis-resource teachers; LD special classes, resource teachers)?

None of the participating school divisions or principals provided the survey with an operational definition. It is, therefore, suggested that either there are no operational definitions for the emotionally disturbed child or for learning disabilities. Or, where there are operational definitions they are reserved to the various diagnosticians and are not shared administratively as part of referral and placement policy. It would seem that operational definitions are needed if public school teachers and principals are to participate in the identification and referral process.

Scarcity of skilled diagnosticians in every field discipline is a known fact. Over-referral would reduce the available professional hours, hindering even more the chances that the child who needs a service will get it.

The LD Committee (refer Chapter 1) made a recommendation that early intervention and prevention programs be developed simultaneously or in priority to public school services to older handicapped. Without operational definitions, based on the older, more identifiable handicapped child, those programs cannot be expected to serve the need for which they are conceptualized.

4. Are there differences in procedures for resource and special class placements?

The differences in procedures for resource and special class placements are not identified in administrative responses but in teachers' reporting of the specific evaluative procedures employed. For both LD and ED resource placements there is less formal

evaluation employed than for placement in the respective special classes. The indication of more evaluation for entry into LD programs than into ED programs may reflect the strong emphasis on educational evaluation recommended by the LD Committee and later included in State guidelines. Since this is the first special education category in Virginia with such a strong emphasis on educational evaluation, it would seem there may have been an influence on actual child evaluation.

Although school divisions may have Admissions Committees as suggested in State guidelines, there does not seem to be a consistent use of these committees for determining the eligibility of children for placement in LD and ED programs. If there is an Admissions Committee, it would seem the committee should perform the functions of an Admissions Committee.

Comprehensive educational evaluation has many facets. A wide variety of formal testing was indicated with no consistent pattern evolving. There was a failure of some teachers to report group achievement testing as routine in a State requiring such testing. It would seem the teachers may not be aware of information available in cumulative records. There is a need to develop standards for educational evaluation of children receiving LD and ED services, with the flexibility to supplement these with diagnostic procedures most appropriate to the individual child.

Returns did reveal that schools have a difficult time, even in 'more advanced' areas, in providing full team diagnostics. Parental responsibility was named frequently as a reason for time lapse in provision of medical, para-medical, and other private or clinic referral needs. It may be that, given parent permission but inability financially or physicially to provide diagnostics, special teachers are assisting. However, professionally right this practice may seem, there is a need to answer the problem in other ways. There is a need for in depth and accurate study of any child referred for special educational services. Various members of the "team" will always be needed in individual child cases. Certain members, or at least certain "ruling outs", are necessary in every case. No child should be placed in school, let alone a resource room or special class, without vision and hearing screening. Even when specific questions about a particular child's sensory adequacy have not been raised, there can be unsuspected limitations. The child often does not "know

what he is missing" and cannot tell. That any school division must rely on parents to provide even vision screening is incomprehensible in the 1970's.

Parents can be a) limited in their comprehension of the need for diagnostic services, b) limited comprehension of the nature of specific diagnostic services, c) fearful of certain professional fields, d) unable to afford a day from work to transport a child, e) unwilling. There are two professional issues here. Should the more expensive services of special teachers be utilized to serve children whose parents do not cooperate to provide the necessary information to assist the teacher to be as professionally successful as she can be? Or, how can school personnel reach and teach the parent, or is there no responsibility to the child for non-school information and assistance? Is there a dearth of qualified personnel, social workers and visiting teachers, to fill this role? It would be helpful to know the full extent of Visiting Teacher services in the responding divisions and their perception of their responsibility in cases of child referral for special education and team diagnostics.

There remains, too, a question of the teachers' role with parents. Both types of resource personnel reportedly see few parents ($\bar{x}$ = 12 and 14, LD and ED, respectively). How are parents to cooperate with the special services being offered in the public schools without continuous dialogue?

The LD Committee foresaw the need to extend the expertise of the relatively few experienced diagnosticians available for consultation to school divisions and recommended the establishment of regional centers and of formula for reimbursement of local school divisions for the services of private practioners on a regular but consultant basis. No evidence was found that these recommendations are being influential.

The teachers' perceptions of those children actually served in the programs must be considered, especially since a few teachers do not see themselves as a part of special education. The labels given children served did not always fit the definition of children who should be served. If this is dislike of negative labels or a reflection of the commitment to placing the child in the mainstream of education to the extent that he can benefit, then this can be commended. However, a note of concern must be indicated if this implies that special education programs are not serving handicapped children.

The public funds supporting these programs have been specifically appropriated for the education of handicapped children. The dual concern of appropriate services for children and the responsibility to governing bodies must be meshed, especially in terms of the placement of children in special education programs.

Principals are deeply involved in both of these concerns. Therefore, it should be noted again that the principals expressed great appreciation for the services rendered by LD and ED teachers, both in completing the questionnaires and in specific responses. It would seem significant that the only specific reason given if no expansion of services was planned was lack of space.

Question 5: What are the personnel selection and training factors involved in LD and ED programs? What are role expectations?

While Learning Disabilities programs are new in 1970-71 in Virginia under state reimbursement formulas, and although programs for the emotionally disturbed are not much older, there is little evidence that local school divisions are seeking personnel with experience or training in these fields from out-of-state. Planning may have been delayed this past year, because of the late action of the State in publishing the guidelines for reimbursement. Certainly, the division needing state funds to employ personnel in Learning Disabilities could not do so prior to program approval. The earliest approval occured one month before the re-opening of schools in September. However, no additional divisions indicated that they would recruit out-of-state for personnel for the 1971-72 school year.

It was discussed above that the teachers in special service programs in Virginia appear to be less than adequately equipped for the positions in which they are engaged. There is interaction between the non-preparedness of these teachers and the recruitment policies of the school divisions. Since teacher training in these fields has been scarce in the state, out-of-state recruitment has nearly been mandated if a division would employ a trained specialist.

There is a need to entice trained and experienced personnel into Virginia to provide leadership to the less prepared indigenous teacher fleet while the state colleges and universities develop and enlarge their student bodies in these areas of special education.

There is furthermore a need to find new ways and funds for the training of already employed teachers within the state and for attracting more young students into these fields. Special education programs in higher education must be expanded and communities need to cooperate in personnel training.

Resource teaching is not yet a traditional role for public schools. It echoes of community private clinics and of tutoring services. Yet, coming from the more venerable areas of exceptional child education, particularly the visually handicapped, it has been modified with the intention of providing adequate support to the more moderately handicapped child who does not require full-day or residential special programs but who can participate, in part, in regular school offerings with support in crucial areas of curriculum (Learning Disabilities) or ego strength and interpersonal relationships (Emotionally Disturbed).

It could readily be seen that this division, arbitrary in that children are all equipped individually with both skill and personal needs, is already "settled in" among Virginia's first resource teachers. The LD person appears more academically oriented, utilizes more tests (formal and informal), and structures her day and the childrens'. The crisis-resource teacher is less scheduled. She can see children when they choose to come to her; she engages much more in informal activities and fills her room with arts and crafts materials and educational games. This position offers an atmosphere removed from the pressures of 25, 30, or 42 in a classroom in which a child can learn his way through academia despite poverty of educational background, parental neglect or ignorance, or insecurity. Principals reported that this is a major role for the ED resource teacher and feel the position is necessary to provide "relief activities" for those who cannot abide a whole day in grade.

Learning Disabilities provides an atmosphere conducive to the "work" of the school: skills, achievement, and success. This resource teacher checks not only on the child's level of performance but the ingredients in that performance which aid in successive progress. She seeks out materials and equipment to deliver individual programs of skill training and to individualize even the child's "life space" until he succeeds enough to work with other children.

In view of the professional and State desire for early childhood intervention and the prevention of more serious handicapping conditions by program adjustment in

the primary grades, it would appear that the resource teacher position is not being as well used for these tasks as possible. There is only a single principal's report that screening for perceptual-motor training needs occurs "in September."

What is the influence of the development of the two special areas historically upon the perceptions of the teachers reporting? The ED teacher has come into a field where psychiatry was active early and reflects the child-centeredness of that discipline. The principals report that this is as "it should be." They see a true need for resource teachers to provide "relief activities" for children who "cannot abide a whole day in the regular class" and for support of these children so that they can continue to participate in the academic offerings of regular programs.

Certain unexpected information was returned in the survey. Distractors brought positive responses. For instance, it was not expected that any resource teacher would be serving as a school psychologist. However, four teachers answered that they did see children for individual psychologicals. These four had seen from 15 to 25 children in such roles. Since psychological services are relatively well provided in Virginia, according to principal reports in the divisions from which those teachers reported, the time spent in that role might be better spent in ways no other personnel fill. There is also the professional question of whether these individuals are qualified to so serve.

Question 6: What is the self-report of teachers on their roles in LD and ED programs and their report re credentials? Do these differ?

Many of the activities of specialists in public school programs for the emotionally disturbed and for learning disabled are the same, whether the teacher accepts resource or class assignment. This is not unexpected, as both are variations on traditional public school personnel roles. The class teacher, in both LD and ED programs, is assigned a group of children to assist assist and to return to regular school programs as each child is ready to compete. Consequently, those teachers associate themselves with terms which refer to teaching; teacher, reading teacher, phonics teacher, remedial arithmetic teacher. Since these programs tend to be more self-contained than is professionally recommended, and several are actually located in special schools or in centers, the role of these teachers is somewhat more

restricted than the state definition. The special class teacher does not have a resource teacher counterpart to assist her children as they return-to-grade. Coordination of special and regular class program is, therefore, her responsibility.

Principals, as well, report the necessity for program coordination. However, these teachers report bus duty assignments and have some children all day. Consequently, coordination does not occur because of time pressures or, perhaps, fewer students transfer. Otherwise, a teachers' duties are executed on an overtime basis for which she receives no extra remuneration.

The class teacher does not fully view her role with the children as "temporary," in spite of the program definitions, state and local, which express the goal of "return-to-grade". The reason for this is not clear. The lack of resource teacher options could cause a class teacher to retain a child longer than she would otherwise, or there are children being placed in the classes whom she does not see responding to the intervention sufficiently to "make it". By their own report, though, the children are not mentally retarded", so that perception, if it obtains, could result from insufficient diagnostics, too few ancillary personnel, insufficient back-up from the treatment "team", or the teachers own unreadiness for her position. All of these factors were found occurring in Virginia.

Recognition needs to be made of the role of building principals in all cases. Few divisions offered printed materials about LD or ED programs. Without, at least, an administrative outline on role, child referral, placement, and goals, the principal becomes a key to the teacher's operating role and her effectiveness. Many reporting are experienced in principalships with special education programs but few reported any training to handle LD and ED programs. Some assistance, of their design, might be considered to help them be even more effective.

Support of programs for the handicapped stems from the needs of children and the inappropriateness of the normal program of studies offered in regular school programs to meet these youngsters' needs. (There is, of course, diversity and some flexibility in every school division and, no matter which grouping plan is followed, there will be heterogeneity in every classroom or teaching group.)

Programs of services, however, are developed and supported financially by the public for the benefit of groups of children with certain common characteristics and a narrower range of diversity. This is especially true of services planned and funded for the benefit of handicapped children. Publications, both professional and lay, have presented arguments that the children in special educational services are frequently non-handicapped. This raises questions.

Are the personnel in the field who serve the handicapped already in too short supply, being further diluted in their effectiveness by being assigned the responsibility for additional non-handicapped children? What is the effect of including children whose needs may differ to such an extent that the handicapped being served are not only fewer in number but are less than well served even in the "special" program? Finally, why are nonhandicapped children included into special programs if they are not in need of the necessarily more expensive services?

Conclusion:

The survey was undertaken to answer six questions. While much data was collected and studied from many cooperating professionals and the implications are many, the specific contribution of these newer special education programs to handicapped children is unresolved. There need to be sequential, additional studies which would include a broader based sampling of the personnel involved in the programs, including diagnosticians and supervisors. Field studies of the participating children are also needed.

There are some results that require state and professional consideration and, hopefully, action. Patterns of reimbursement need to be extended to include ancillary services and to recognize the increasing costs of specialists to local divisions. Experienced and trained personnel to expand treatment and intervention are essential.

College personnel need to consider how their more traditional roles can be modified to reach the field personnel effectively. Training prior to employment however desirable, is not a fact.

State leadership needs to provide further guidance to local personnel on every phase of program development

and administration. Regional coordination of ancillary and evaluation personnel should be seriously considered. Plans for the in-service education of teachers, regular and special, as well as central administrators, and non-teaching personnel could be helpful. Basic teacher and administrative certification should require some training in the field of exceptional child education.

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APPENDIX I

Table of Complete Superintendent and Principal Referral Responses

Table of Complete Superintendent and Principal Responses[a]

	a	b		c	d	e			f			g		h	i	j		k	l					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
LD																								
Prin.	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	-	o	-	o
Supt.	x	x	o	x	-	x	o	o	x	o	o	o	o	x	x	o	o	x	x	o	o	o	o	x
Prin.	o	o	-	x	o	o	o	-	o	o	-	o	o	x	x	x	-	-	o	-	-	o	-	-
Prin.	o	o	-	x	x	o	-	-	x	o	o	x	-	x	x	x	o	x	o	o	-	0	-	o
Prin.	o	o	-	x	-	o	o	o	o	o	o	x	o	x	-	x	o	x	o	-	-	-	-	o
Prin.	-	-	o	o	o	o	o	o	o	-	o	o	o	o	o	o	o	o	o	-	o	o	-	-
Prin.	o	o	o	o	o	o	-	-	o	o	o	-	o	-	o	-	o	o	-	-	-	o	-	o
Prin.	x	x	o	-	o	x	-	o	x	o	o	x	o	x	x	x	o	x	o	-	o	x	-	-
Prin.	x	o	-	o	x	o	o	o	o	o	o	o	o	o	x	o	-	-	o	o	-	x	-	x
Prin.	-	o	-	-	o	o	-	-	o	o	-	o	o	o	o	-	-	-	-	-	-	o	-	-
Supt.	o	o	o	x	o	o	o	o	x	o	o	x	o	x	x	o	o	o	o	o	-	o	o	o
Prin.	o	-	o	x	x	o	o	o	o	o	-	-	-	-	o	-	-	o	-	o	-	o	-	-
Prin.	o	o	o	x	o	o	o	o	o	o	o	x	o	o	o	o	-	o	-	o	-	o	o	o
Prin.	o	o	o	x	x	o	o	o	x	o	o	x	o	x	x	o	o	o	o	o	o	o	o	o
Prin.	o	o	-	-	o	o	-	o	o	o	o	x	-	x	x	x	o	o	-	-	-	o	-	-
Prin.	o	o	o	x	o	o	o	o	x	o	o	x	o	x	x	o	o	-	-	-	-	o	-	o
Prin.	o	o	-	x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prin.	x	o	o	o	o	x	o	o	x	o	o	o	o	o	o	o	o	o	o	o	o	o	-	o
Prin.	o	-	-	-	x	x	-	-	x	x	x	-	x	x	x	-	x	x	x	-	-	x	o	o

Table of Complete Superintendent and Principal Responses continued

	a 1	b 2	3	c 4	d 5	e 6	7	8	f 9	10	11	g 12	13	h 14	i 15	j 16	17	k 18	l 19	20	21	22	23	24
LD cont.																								
Supt.	o	-	o	x	x	x	x	x	o	o	-	o	o	o	o	o	o	o	x	-	x	o	o	o
Prin.	o	o	o	x	x	o	o	-	x	o	o	x	o	x	x	o	o	o	o	o	-	o	-	o
Prin.	o	o	o	x	o	o	o	o	x	o	o	o	o	x	x	o	o	o	o	o	-	o	o	o
Supt.	-	-	o	-	o	o	-	o	-	o	o	-	-	-	-	-	-	-	-	-	o	o	o	o
Prin.	o	x	o	x	x	o	o	-	x	o	-	o	o	o	x	o	-	-	o	o	-	x	-	-
Supt.	x	x	-	x	x	x	x	o	x	x	x	x	x	x	x	x	x	x	x	-	-	x	o	x
Prin.	o	o	o	-	-	o	o	-	-	-	o	-	-	-	-	-	-	o	o	o	-	o	-	o
Supt.	o	o	o	o	o	x	x	-	x	x	o	o	x	o	o	o	o	o	x	o	-	o	-	o
Prin.	o	o	o	x	x	o	o	o	x	-	o	x	o	x	x	o	o	o	o	-	-	o	o	o
Prin.	o	o	-	-	o	o	o	x	o	o	o	o	o	o	o	o	o	x	o	o	-	o	x	o
Prin.	o	o	-	-	o	o	o	x	o	o	o	o	o	o	o	o	o	x	o	o	-	o	x	o
Supt.	-	x	-	o	-	x	-	o	x	x	o	o	x	o	o	o	o	o	o	-	-	x	o	o
Prin.	x	o	o	-	-	o	x	-	o	-	o	o	x	o	x	x	x	o	x	o	o	o	o	x
Prin.	x	o	x	x	o	o	x	o	x	x	o	x	x	x	x	x	x	x	o	o	o	o	o	o
Supt.	x	x	-	x	x	x	o	o	x	o	x	o	o	o	x	o	o	o	o	o	-	x	-	o
Prin.	o	o	-	x	o	o	o	o	o	-	o	x	o	x	o	o	o	o	o	-	-	o	-	-
Prin.	o	-	-	-	x	x	-	-	x	x	x	-	x	x	x	-	x	x	x	-	-	x	o	-
ED																								
Supt.	x	x	-	x	x	x	x	o	x	x	x	x	x	x	x	x	x	x	x	-	-	x	o	x
Prin.	x	x	-	o	-	x	-	-	x	-	-	x	x	x	x	x	x	x	-	-	-	-	x	x
Prin.	x	x	x	x	x	x	x	x	x	x	x	x	x	-	-	x	-	x	-	x	-	-	x	x

Table of Complete Superintendent and Principal Responses continued

	a	b		c	d	e			f			g		h	i	j		k	l					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
ED cont.																								
Prin.	x	o	o	-	o	o	-	o	o	-	o	-	-	-	o	-	o	o	-	o	-	o	-	o
Prin.	x	x	-	o	x	x	-	o	x	x	x	x	o	x	x	o	o	x	o	o	-	x	-	x
Prin.	x	x	x	o	x	x	o	x	x	-	x	o	0	0	0	0	x	x	x	x	-	x	-	x
Prin.	o	o	-	x	x	o	-	o	o	o	o	x	o	x	x	o	o	o	-	o	-	o	o	o
Supt.	o	-	o	-	o	o	-	o	-	-	o	-	-	-	-	-	-	-	-	o	o	o	-	o
Supt.	x	x	-	-	-	o	-	-	-	-	-	-	-	-	-	-	-	-	o	-	-	o	o	o
Supt.	o	o	o	x	o	o	-	o	o	o	o	o	o	o	-	o	o	o	o	o	-	o	o	o
Supt.	x	x	-	o	-	x	o	o	x	x	o	o	o	o	o	o	o	o	o	-	o	x	o	o
Supt.	x	x	-	o	-	x	o	o	x	x	o	o	o	o	o	o	o	o	o	-	o	x	o	o
Prin.	x	x	o	o	o	x	o	x	x	x	o	o	o	o	x	o	x	x	o	o	o	x	-	o
Prin.	x	x	o	o	x	x	x	o	x	x	o	x	x	x	x	o	x	x	x	x	o	x	-	x
Supt.	x	x	-	x	-	x	x	o	x	x	o	x	x	x	o	x	o	o	x	-	-	x	o	-
Supt.	x	x	x	-	-	x	-	-	-	-	x	x	-	-	-	-	-	-	-	-	-	-	-	-
Prin.	x	x	o	o	x	x	o	o	x	x	x	x	o	x	x	o	o	o	o	o	-	x	o	o
Supt.	o	o	o	x	o	o	o	o	x	o	o	x	o	x	x	o	o	o	o	o	o	o	o	o
Prin.	x	-	-	x	x	-	x	x	x	-	-	-	o	-	x	o	-	-	o	-	x	o	o	
Prin.	o	o	o	x	o	o	o	o	x	o	o	x	o	x	x	o	o	-	-	-	-	o	o	o
Prin.	x	x	o	o	o	-	o	x	x	o	x	o	o	o	x	o	x	x	x	x	-	x	x	x
Supt.	x	x	-	x	x	x	o	o	x	o	x	o	o	o	x	o	o	o	o	o	-	x	-	o
Prin.	o	o	-	x	o	o	o	o	x	o	o	x	o	x	x	o	o	o	o	-	-	o	-	-
Supt.	o	o	-	x	x	o	-	-	x	o	o	x	-	x	x	x	o	x	o	o	-	o	-	o

Table of Complete Superintendent and Principal Responses continued

	a 1	b 2	3	c 4	d 5	e 6	7	8	f 9	10	11	g 12	13	h 14	i 15	j 16	17	k 18	l 19	20	21	22	23	24
ED cont.																								
Prin.	x	x	x	x	x	x	o	o	x	x	o	o	o	o	o	o	o	o	o	o	-	x	o	x
Prin.	o	o	-	-	-	o	-	-	-	-	-	o	-	-	o	o	-	o	-	-	-	o	-	-
Prin.	x	o	-	x	x	o	o	x	x	x	x	o	o	o	x	o	x	o	o	x	o	x	o	o
Prin.	x	x	-	x	x	x	-	-	x	x	-	o	o	o	x	-	x	o	-	-	-	0	-	-

Appendix 2

Chart of Extreme Responses to Child Characteristics

		Learning Disabilities				Emotionally Disturbed			
		Resource		Class		Resource		Class	
		Teacher (n=15)	Principal (n=7)	Teacher (n=31)	Principal (n=18)	Teacher (n=15)	Principal (n=8)	Teacher (n=18)	Principal (n=11)
Learning Ability									
Normal Intelligence	Cannot Show			3		2			
	Must Show	4	1	12	4	1		8	5
Borderline Intelligence (70-90 IQ)	Cannot Show	1		2	1	1			1
	Must Show	1		6	1	1		5	
Functional or Other Retardation (75 IQ and below)	Cannot Show	3	2	15	6	2		6	5
	Must Show			1	1	1	2	1	2
Special Learning Problem									
Auditory Perception	Cannot Show			1		1			
	Must Show	1		2		1	1		
Visual Perception	Cannot Show					2			
	Must Show	1		2		1	1		
Perceptual-Motor	Cannot Show					2			
	Must Show	1		4			1	1	
Kinesthetic	Cannot Show		1			1			
	Must Show	1		1		1	1		
Underachievement									
6 Mos. or Less	Cannot Show		1	5	2	1			
	Must Show			1	2	1		1	
6+ to 12 Months	Cannot Show			2	1	1			
	Must Show				1	1		1	

		Learning Disabilities				Emotionally Disturbed			
		Resource		Class		Resource		Class	
		Teacher (n=15)	Principal (n=7)	Teacher (n=31)	Principal (n=18)	Teacher (n=15)	Principal (n=8)	Teacher (n=18)	Principal (n=11)
Learning Ability									
12+ to 24 Months	Cannot Show	1		1		2			
	Must Show	1		4	4			4	
Over Two Years	Cannot Show	1				1			
	Must Show			3	1	1			
Emotional Problems:									
Stem from failure re-action to Learning Problems	Cannot Show								
	Must Show	1		1	2	2		5	1
Stem from home or Personal Problems	Cannot Show				1				
	Must Show	1		2	1	1		4	
Absence of Overt Emotional Problems (due to any etiology)	Cannot Show			1				4	1
	Must Show	1		2	2	1	1	2	1
Stem from Pressures based on Cultural Differences	Cannot Show	1		2	2	2		1	1
	Must Show				1			2	

		Learning Disabilities				Emotionally Disturbed			
		Resource		Class		Resource		Class	
		Teacher (n=15)	Principal (n=7)	Teacher (n=31)	Principal (n=18)	Teacher (n=15)	Principal (n=8)	Teacher (n=18)	Principal (n=11)
Learning Ability									
Behaviors:									
Hyperactivity	Cannot Show					1		1	
	Must Show	1		2	1	1		7	
Hypoactivity	Cannot Show			2				2	1
	Must Show	1		2		2		3	
Perseveration	Cannot Show			1		1	1	1	
	Must Show	1		3				1	
Aggressiveness Hostility	Cannot Show					1			
	Must Show	1		2	1	1		5	
Anxious Behavior	Cannot Show								
	Must Show			4	1	2		4	1
Laziness, Disinterest	Cannot Show						1		
	Must Show	1		1		1		2	1
Motor In-Coordination	Cannot Show					1		2	
	Must Show			2				1	
Withdrawn Behavior	Cannot Show			1		1		1	
	Must Show					1			
Social-Emotional Instability (lability)	Cannot Show			1				1	
	Must Show			2		2		4	4
Catastrophic Reaction	Cannot Show	3		7		2		1	
	Must Show					1	1	1	

		Learning Disabilities				Emotionally Disturbed			
		Resource		Class		Resource		Class	
		Teacher (n=15)	Principal (n=7)	Teacher (n=31)	Principal (n=18)	Teacher (n=15)	Principal (n=8)	Teacher (n=18)	Principal (n=11)
Learning Ability									
Diagnosed Problems:									
Brain Injury Suggested by Psychological Information	Cannot Show	1				1		2	
	Must Show			8	1	1	1	1	
Brain-Injury Diagnosed by a Neurologist	Cannot Show	1				1		2	1
	Must Show	1		6	1				1
Minimal cerebral dysfunction diagnosed by pediatrician (or other M.D.)	Cannot Show		1			1		2	
	Must Show	1		4					1
Abnormal EEG	Cannot Show	1				1		2	1
	Must Show	1		2		1			1
Cerebral Palsy	Cannot Show	3	2	12		5		6	1
	Must Show			1					
Epilepsy	Cannot Show	2	1	2		3		2	1
	Must Show			2				1	1
Psychiatrically diagnosed	Cannot Show	2	1	8		2			
	Must Show			1				6	1
Psychologically Diagnosed Emotional Disturbance	Cannot Show	2	1	2					
	Must Show			2				9	2

APPENDIX 3

Teachers' Suggestions for Improvement of Programs

Teachers' Suggestions for the Improvement of Programs

The following quotations were taken from responses to an open-ended question of on the Teachers' Questionnaire "What would you change."

Learning Disabilities

Class Room Teachers:

"...policy made clear on which supplies the local school buys with children's supply money and what come out of special education funds ordered through supervisor. I would like to be able to order materials after I diagnose a child's learning problem."

"...better sex balance - have had 1 girl in 2½ years. ...had another girl for one semester."

"...the physical building and grounds and the screening procedures."

"...We need more audio-visual materials to build studies and science concepts. We need a more modern physical plant with outside room. We need more classrooms. We enroll ... children and have over 50 on our current waiting list. We need more specific and reliable criteria for selecting children for the program. Many of our kids are described one way on referral forms but in reality are totally different. We also need smaller classes (8), full-time aides for each teacher, a full-time physical education teacher, a full-time speech therapist, and a full-time resource teacher. It is obvious that some of our children will never be able to function in regular classrooms, in spite of our best efforts. We need to provide a program that will educate these children until they are able to function on a practical level in society. An obvious need which has evidenced itself in our program is industrial arts training, consumer education drug abuse education, and home economics activities. In spite of these deficiencies, has the most exciting and stimulating atmosphere in which I've ever taught. The staff works together for the benefit of the children without any of the problems that so often occur among school personnel. Even our janitor works to help the children! "

"...location and budget."

"...have better access to materials and speed in acquiring ordered supplies."

"...No. I think money may be wasted on expensive materials not really needed (helpful to a majority of students) or used. Special materials are needed but I think I am given ample $ to sufficiently do the job. Regular Education is another question.

"...No bus duty except Special Education buses. *Materials and texts for Reading and Math ordered. Children placed should be LD, not ED. Evaluation should be building-wide, so far as."

"...Our location in the building and the specifications of my classroom."

"...Many more materials are needed. Books are limited as are paints, clay, etc. Better funding to provide material to be sent with the child upon his return to the school."

"...I would like to have more money for more materials."

"...Larger room. Tables to fit my children. Serviceable filing cabinets."

"...Set up a material file by level of achievement, specific L.D. and developmental progression. Instead of workbooks, exercise sheets would be printed separately, filed by phonics progression for example so that materials from various publishers could be easily selected and gotten together, by librarian, or teacher's aide - as requested for individual children by the diagnostic teacher."

"...Nothing actually. I would like it if we could have even more materials to work with especially auditory training materials. I wish each school had an L.D. classroom with children who attended for ½ day and returned to regular class for ½ day. It would be nice to have carpet in all LD classes.

"...I would most definitely change the policy for admitting children into special classes. Too often they are placed in my class only because of behavior problems with a regular teacher and the waiting list for children with these neurological problems is great.

Also - I would make placement in special education contingent upon cooperation received from parents.

I also feel parents should be told the truth about their child's condition and more than one supervisor should decide placement as too often, one supervisor can be swayed by influential parents' pressure on her and not do what's best for the child."

"...Within room: I would like 'out of sight' type of storage for materials - built in type of shelves with doors."

"...aid-parttime at least.

Resource Teachers:

"...I would modify whole program model. Have my own class all day or do remedical and tutorial with children for part of each day."

"...Naturally, I would like to have more materials. Also, I wish that I had more storage space."

"...A local reimbursement fund for locally purchased materials rather than all items having to be ordered via catalogues sight unseen."

"...I would prefer working with 5-8 year olds primarily. At this level the children are more receptive and have not experienced as many failures. Therefore, they have not developed a negative attitude to school. They can also be guided successfully in the beginning of their education and possibly prevent future failure."

"...Do you really want a complete answer in just four lines? Seriously, there is really very little that I would change about my job. I feel that I was well prepared for the job and that any inadequacies which exist are personal ones. I wish I could be two people so that I could be twice as efficient. I have a tendency to allow "paper" work to slide as I work with more and more children; which makes filling out forms like this difficult.

If I could change my job I guess that all I would really change is to have a larger space in which to operate and a secretarial aide to do the paper work and housekeeping chores."

"...I would like for our colleges and universities to train teachers to work with Resource Teachers. Teachers need a better understanding of carrying out prescriptions, the use of materials and how to individualize through small groups, learning centers, etc."

"...One main objective of the DPT program is to change teacher attitudes in favor of children who have learning and/or behavioral difficulty. I would continue to make changes here."

"...I would like to remain in one school rather than travel."

"...Our program is always changing...as the children progress...as children join or leave the program...and as we gain in the knowledge of past experience and from new learnings (such as information gained from new college courses."

"1. Classroom size.
2. Educational effectiveness of team diagnosticians.
3. Schedule for reporting psychological evaluations to teachers."

"Our Center is in the Inner City. Our children would benefit from being in a school surrounded by grass and trees, instead of brick and cement."

Emotionally Disturbed

Class Room Teachers:

"Attitudes by college educators that there aren't any emotionally disturbed secondary separate public schools. Elementary schools get all the attention, yet at no time will elementary schools be successful with all students. What then happens to those students that efforts do not succeed with?"

"Classroom needs to be made more suitable for teaching use. It could use quite a bit of modification."

"...more meetings with Special Education Supervisor and other Special Education Teachers.."

"...Have the students integrate in other regular classes more."

"...Better coordination between teachers and administrators. Exchange of ideas."

"When I first started we sent supplies we needed to director of special education. We usually got it. Under new plan we often get very little of what we want."

"I would have more programmed learning devices, teaching machines, and workbooks. I would have 1 large supply room with checkout policies for special materials ordered and organized for special children being taught under special education."

"...Would like to have more of our own ED equipment."

"I would like to have time to administer quick tests in reading and arithmetic-mathematics skills to determine individual levels of functioning.

"As far as the physical property, I would not change anything. I would have some suggestions as to budgeting and ordering of materials and as to storage of materials."

Crisis-Resource Teachers:

"Room needs to be larger; more private."

"...add a sink to my room (Is being done)."

"I am given the freedom to work as I wish with the guidelines I have set for the program - my success greatly depends on me not in this setting, at this time, within others. The changes I would like to see would be broader philisophical changes -

1. i.e., a policy whereby teachers could be fired without the now associated guilt, residity and paralysis now felt in public school -- based on ability to teach.

2. Movement away from "Systems, Methods, Materials" towards humanating education and towards children.

3. Movement towards flexibility, away from rigid scheduling.

4. Movement towards moving academically and emotionally with a child vs. requiring the child to prove with a predefined rigid system.

5. Revamp teacher education to produce feeling, thinking humans -- not mechanical teachers.

6. Toward student-centered education."

"I would like to have a set budget at the beginning of the year which I can draw on as needed throughout the year. As it is, I work somewhat in the dark, not knowing how much I can spend."

"...Use of these basal reading series and rigid instruction... More thorough medical examinations for inner city children in particular, (other than that provided by individual parents privately). Case history done on all children and not just a few by entire ... staff."

"...to have classroom equipment placed in room so that it could be used whenever needed."

"...not busing the kids (ED, LD, MR) to another neighborhood and another school again next year, having teachers assuming more responsibility and continuity of programs their children participate in in the Resource Room, not "dumping". De-emphasize labeling and emphasizing meeting the individual needs of all children (multi-levels) de-emphasize/abolish sterotyping of the fifth-"grader" as well as "special education"...de-emphasize role and title etc., and do what you can for the child ... working together for the child (with regard to team personnel)."